

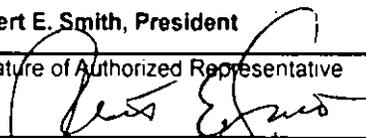
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 CORPORATIONS DIV
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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000738787		2. Exact name of the Corporation Wampum Transport, Inc.			
3. Principal Office Address 7 Water Street			City East Greenwich	State RI	Zip 02818
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Trucking, Transportation.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert E. Smith			Vice-President Name Robert E. Smith		
Street Address 585 Annaquatucket Road			Street Address 585 Annaquatucket Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Robert E. Smith			Treasurer Name Robert E. Smith		
Street Address 585 Annaquatucket Road			Street Address 585 Annaquatucket Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert E. Smith			Director Name		
Street Address 585 Annaquatucket Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SRIFIS
			8000		COMMON
			PAR VALUE		NONE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative Robert E. Smith, President				Date 3/14/2019	
Signature of Authorized Representative 				SIGN DOCUMENT FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 20 2019

BY KL ZNOGT
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