



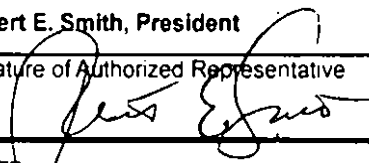
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

2019 MAR 20 PM 12:32

RECEIVED  
CORPORATION DIVISION

1. Entity ID Number <b>000738787</b>		2. Exact name of the Corporation <b>Wampum Transport, Inc.</b>			
3. Principal Office Address <b>7 Water Street</b>		City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>484110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Trucking, Transportation.</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert E. Smith</b>			Vice-President Name <b>Robert E. Smith</b>		
Street Address <b>585 Annaquatucket Road</b>			Street Address <b>585 Annaquatucket Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Robert E. Smith</b>			Treasurer Name <b>Robert E. Smith</b>		
Street Address <b>585 Annaquatucket Road</b>			Street Address <b>585 Annaquatucket Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert E. Smith</b>			Director Name		
Street Address <b>585 Annaquatucket Road</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			8000 COMMON 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. <b>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.</b>					
Name of Authorized Representative <b>Robert E. Smith, President</b>					Date <b>3/14/2019</b>
Signature of Authorized Representative 					
SIGN DOCUMENT <b>FILED</b>					

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 3N09T**  
**12:32**

FORM 630 - Revised: 10/2017