RI SOS Filing Number: 201989393750 Date: 3/27/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

FILED

MAR 27 2019

→ Filing period January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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Entity ID Number		ne of the Corporati				/\ \\	
000017586	NORTHE	NORTHEAST BUS CO.					
3. Principal Office Address	<u>.</u>		City		State	Zip	
1845 SMITH STREET			NORTH PRO	VIDENCE	RI	02911	
4. NAICS Code	Brief desc	Brief description of the character of business conducted in Rhode Island					
926120	SCHOOL B	SCHOOL BUS TRANSPORTATION					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names an	d addresses)			Che	ck the box to indic	cate an attachment	
President Name JOSEPH MAR		Vice-President Name MARK MARWELL					
Street Address 69 EAST AVEN	Street Address	Street Address 85 EAST AVENUE					
City NORTH PROVIDENCE	State RI	^{Zip} 02911	City NORTH F	PROVIDENCE	State RI	^{Zip} 02911	
Secretary Name S/A	Treasurer Name	Treasurer Name JEFFREY M. MARWELL					
Street Address	Street Address	Street Address 26 JOHN F. KENNEDY CIRCLE					
City	State	Zıp	City NORTH PROVIDENCE		State RI	^{Zip} 02904	
8. List ALL directors (names a	nd addresses)	•		Che	ck the box to indi	cate an attachment	
Director Name N/A	Director Name	Director Name N/A					
Street Address			Street Address	Street Address			
City	State	Žip	City		State	Zıp	
Director Name			Director Name	Director Name			
Street Address	Street Address	Street Address					
City	State	Zip	City		State	Zıp	
9. Shares Authorized 10		10 Shares I	10. Shares Issued Check the box to indicate an attachment [
This information is currently of record in the Department of State. Changes require an additional filing.					R:ES	PAR VALUE	
		一一人					
)()()				
11. This report must be execu	tad on babalf of the	a corporation by a	a authorized repress	ontativo. If the co	rnoration is in the	hands of a receiver or	
trustee, this report must be execu			· ·		ii poration is in the	manus of a receiver of	
Under penalty of perjury, I o	leclare and affirm	that I have exam	ined this report, in		companying sch	edules and	
statements, and that all statements and that all statements.		i nerein are true a	and correct.		Date .		
I Flha			3/8	119			
Signature of Authorized Repre	esentative	7/ 2000	AN ALMO HERE		·-· (
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov