



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.

FILED
 MAR 27 2019
 BY 44449

1. Entity ID Number 000017586		2. Exact name of the Corporation NORTHEAST BUS CO.			
3. Principal Office Address 1845 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. NAICS Code 926120		6. Brief description of the character of business conducted in Rhode Island SCHOOL BUS 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 JOSEPH MARWELL, III			Vice-President Name MARK MARWELL		
Street Address 69 EAST AVENUE			Street Address 85 EAST AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
Secretary Name S/A			Treasurer Name JEFFREY M. MARWELL		
Street Address			Street Address 26 JOHN F. KENNEDY CIRCLE		
City	State	Zip	City NORTH PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	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 500	CLASS/SERIES —	PAR VALUE —
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 Jeffrey Marwell				Date 3/8/19	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov