

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 FEB 25 P 12:57

Annual Report for the year: 2020  
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 001680294		2. Exact name of the Corporation Alpha transport Inc			
3. Principal Office Address 11 Harvest St, Apt # 2		City Providence		State RI	Zip 02908
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Car hauling & non emergency transportation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Momodon Jagne			Vice-President Name		
Street Address 11 Harvest St, Apt # 2			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Momodon Jagne			Director Name		
Street Address 11 Harvest St, Apt # 2			Street Address		
City Providence	State RI	Zip 02908	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 0		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. 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.					
Name of Authorized Representative Momodon Jagne					Date
Signature of Authorized Representative <i>Momodon Jagne</i>					

FILED

FEB 25 2020

BY *CK 6M4KC*

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FORM 630 - Revised: 02/2017