



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

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 FEB 25 P 12:57

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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Momodou 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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Momodou 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		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/SERIES	PAR VALUE
		0			
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 Momodou Jagne					Date
Signature of Authorized Representative Momodou Jagne					

FILED

FEB 25 2020

BY CM 6M4KC

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