



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

FILED

Annual Report for the year:  
Corporation

2020

JUL 16 2020

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

22977-5807  
DS

1. Entity ID Number 17586		2. Exact name of the Corporation Northeast Bus Co., Inc.			
3. Principal Office Address 85 East Avenue		City No. Prov		State RI	Zip 02911
4. NAICS Code 926120		6. Brief description of the character of business conducted in Rhode Island School Busing			
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 Jeffrey M. Maxwell			Vice-President Name Same		
Street Address 85 East Ave			Street Address		
City No. Prov	State RI	Zip 02911	City	State	Zip
Secretary Name S/A			Treasurer Name Jeffrey M. Maxwell		
Street Address			Street Address 85 East Ave		
City	State	Zip	City No. Prov	State RI	Zip 02911
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name S/A			Director Name S/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 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 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. 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 Jeffrey M. Maxwell				Date 3/23/2020	
Signature of Authorized Representative Jeffrey M. Maxwell					