



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

Annual Report for the year: 2020
 Corporation

FILED

JUL 16 2020

BY 8194-8004 OS

- 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 <u>96334</u>		2. Exact name of the Corporation <u>Northstar Bus Co. Inc.</u>			
3. Principal Office Address <u>1845 Smith St.</u>		City <u>W. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	
4. NAICS Code <u>426120</u>		6. Brief description of the character of business conducted in Rhode Island <u>School Busing</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Greg M. Maxwell</u>			Vice-President Name <u>Same</u>		
Street Address <u>1845 Smith St.</u>			Street Address		
City <u>W. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City	State	Zip
Secretary Name <u>SA</u>			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 <u>SA</u>			Director Name <u>SA</u>		
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. <u>8/94 RI Dept of State 3-23-20</u>			NUMBER OF SHARES <u>100</u>		CLASS/SERIES
			PAR VALUE <u>500 each</u>		
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 <u>Jeffrey Maxwell</u>					Date <u>3-30-2020</u>
Signature of Authorized Representative <u>Jeffrey Maxwell</u>					

MAIL TO:
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 Website: www.sos.ri.gov