



State of Rhode Island

## 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

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|                                                                                                                                                                                                                                                   |                    |                                                                                                                   |                                                                                                                       |                    |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|
| 1. Entity ID Number<br><u>1091521</u>                                                                                                                                                                                                             |                    | 2. Exact name of the Corporation<br><u>8 Transportation Co.</u>                                                   |                                                                                                                       |                    |                           |
| 3. Principal Office Address<br><u>104 Lenox Ave</u>                                                                                                                                                                                               |                    | City<br><u>Providence</u>                                                                                         |                                                                                                                       | State<br><u>RI</u> | Zip<br><u>02907</u>       |
| 4. NAICS Code<br><u>423110</u>                                                                                                                                                                                                                    |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Transporting Goods and ETC.</u> |                                                                                                                       |                    |                           |
| 5. State of Incorporation<br><u>Rhode Island</u>                                                                                                                                                                                                  |                    |                                                                                                                   |                                                                                                                       |                    |                           |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |                    |                                                                                                                   |                                                                                                                       |                    |                           |
| President Name<br><u>Charles Abbott</u>                                                                                                                                                                                                           |                    |                                                                                                                   | Vice-President Name                                                                                                   |                    |                           |
| Street Address<br><u>104 Lenox Ave</u>                                                                                                                                                                                                            |                    |                                                                                                                   | Street Address                                                                                                        |                    |                           |
| City<br><u>Providence</u>                                                                                                                                                                                                                         | State<br><u>RI</u> | Zip<br><u>02907</u>                                                                                               | 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                                                                                                                                                                                                                                     |                    |                                                                                                                   | Director Name                                                                                                         |                    |                           |
| 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<br>This information is currently of record in the Department of State.<br>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 CLASS/SERIES PAR VALUE                                                                               |                    |                           |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                   | <u>0</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<br><u>Charles Abbott</u>                                                                                                                                                                                        |                    |                                                                                                                   |                                                                                                                       |                    | Date<br><u>12/24/2020</u> |
| Signature of Authorized Representative<br><u>Charles Abbott</u>                                                                                                                                                                                   |                    |                                                                                                                   |                                                                                                                       |                    |                           |

FILED

MAIL TO:  
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DEC 24 2020

BY CHATHB11  
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FORM 630 - Revised: 08/2020