



State of Rhode Island
Department of State - Business Services Division

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 RI DEPT OF STATE DIV
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Annual Report for the year: 2020
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

| | | | | | |
|--|--|---|--|----------------------|--------------|
| 1. Entity ID Number 30264 | | 2. Exact name of the Corporation Transportation Building, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Ownership and management of an office building | | | |
| 4. NAICS Code 813930 - Labor Unions and Simil | | | | | |
| 6. Principal Office Address 121 Brightbridge Avenue | | City East Providence | | State RI | Zip 02914 |
| 7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Paul Santos | | | Vice-President Name Matthew Maini | | |
| Street Address 121 Brightbridge Avenue | | | Street Address 121 Brightbridge Avenue | | |
| City East Providence | | State RI | Zip 02914 | City East Providence | |
| State RI | | Zip 02914 | State RI | | Zip 02914 |
| Secretary Name Matthew Taibi | | | Treasurer Name Matthew Taibi | | |
| Street Address 121 Brightbridge Avenue | | | Street Address 121 Brightbridge Avenue | | |
| City East Providence | | State RI | Zip 02914 | City East Providence | |
| State RI | | Zip 02914 | State RI | | Zip 02914 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Paul Santos | | | Director Name Matthew Maini | | |
| Street Address 121 Brightbridge Avenue | | | Street Address 121 Brightbridge Avenue | | |
| City East Providence | | State RI | Zip 02914 | City East Providence | |
| State RI | | Zip 02914 | State RI | | Zip 02914 |
| Director Name Matthew Taibi | | | Director Name | | |
| Street Address 121 Brightbridge Avenue | | | Street Address | | |
| City East Providence | | State RI | Zip 02914 | City | |
| State RI | | Zip 02914 | State | | Zip |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641. | | | | | |
| 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative Marc Gursky | | | | Date 03-11-2021 | |
| Signature of Officer/Authorized Representative | | | | | |

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov