Department of State - Business Services Division  Annual Report for the year: 2021  Corporation  — 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	2. Exact name of the Corporation Northeast Bus Co., Inc.				
0000 17586	I MORTHEAST BUS CO., INC.				

State of Rhode Island		<b>3</b> 1	<b></b>		_F	FILED		
Department of State - Business Services D  Annual Report for the year:  Corporation  → Filing period: January 1 - March 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by April 1.			Division —	•	BY_	PR 02 2021		
1. Entity ID Number 0000 11586		e of the Corporation t Bus Co., Inc		<del></del>				
3. Principal Office Address 85 East Avenue	•			ce	State RI	Zip 02911		
5. State of Incorporation	6. Brief descri		cter of business con	ducted in Rhode Isl	and			
7. List ALL officers (names and	*****		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		ne box to inc	dicate an attachment 🔲		
President Name Jeffrey M. Marv	well		Vice-President Na	<sup>ame</sup> same				
Street Address 26 JFK Circle			Street Address					
City No Providence	State RI	<sup>Zip</sup> 02904	City		State	Zip		
Secretary Name same			Treasurer Name		1			
Street Address			Street Address	Street Address				
City	State	Žip	City		State	Ζιρ		
8. List ALL directors (names and	d addresses)			Check the	he box to inc	dicate an attachment		
Director Name Jeffrety M Marw			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name		<del></del>			
Street Address	<u></u>		Street Address	Street Address				
City	State	Zip	City		State	Zip		
9. Shares Authorized This information is currently of re		10. Shares Iss			ne box to inc	dicate an attachment 🗹		
This information is currently of re Department of State. Changes require an additional fill		500	SMARES	CLASS/SERIES		PAR VALUE		
11. This report must be execute trustee, this report must be execute					ation is in th	e hands of a receiver or		
Under penalty of perjury, I dec	clare and affirm ti	that I have examin	ed this report, incl		panying sci	hedules and		
statements, and that all states Name of Authorized Representa	ments contained ative	herein are true an	id correct.	<del>,</del>		<del>*************************************</del>		
Jeffrev M. Marwell			3/30/2021					

	MAKUN	YY	mull
MAIL TO: Division of Business			
148 W River Street		le leland 020	VIA 2615

Phone: (401) 222-3040 Website: www.sos.n.gov

Jeffrey M. Marwell

Signature of Authorized Representative