RI SOS Filing Number: 202196676740 Date: 5/17/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

<b>Annual</b>	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.

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2021 MAY 17 PM L

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Entity ID Number	2. Exact name of	f the Corporation				•		
107203	GREE	N GOLD	TRAN	S PORT	IN	<u>.</u>		
3. Principal Office Address			City	•	State	Zip		
241 READ SC	haalHa	05× 20	COVENT	TRY	RI	02816		
4. NAICS Code	6. Brief description	on of the characte	r of business cond	lucted in Rhode Isl	and			
484121	TNTE	COTATE	TRUCK	13.00				
5. State of Incorporation		13 / A / C	1 KOCK	106				
RHODE ISLAND								
	(200000)			Object to				
List ALL officers (names and add President Name			Vice-President Na		e box to II	ndicate an attachment		
Michael Rolli	NGS							
Street Address		_ t	Street Address					
241 READ School	HOUSE	Rd.	100		Io.			
COVENTRY	State I	Zip 028/6	City		State	Zip		
Secretary Name		1-2016	Treasurer Name					
<u> </u>								
Street Address	eet Address			Street Address				
City	State	Zip	City		State	Zip		
			Jony .		State	2.10		
8. List ALL directors (names and ad	dresses)	·^	· · · · · · · · · · · · · · · · · · ·	Check ti	ne box to i	indicate an attachment		
Director Name			Director Name					
Street Address Street Address								
			Street Address					
City	State	Zip	City		State	Zip		
Disease	<u> </u>				<u> </u>			
Director Name			Director Name					
Street Address	<del></del>		Street Address					
			<u>L</u>					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue		Charlet M		adianta an abbaharant 🗖		
This information is currently of recor	d in the	NUMBER OF S	<u> </u>	CLASS/SERIES	e box to i	ndicate an attachment  PAR VALUE		
Department of State.	•							
Changes require an additional filing.		100	-			NOPAR VAL		
<u> </u>								
11. This report must be executed or					ation is in I	the hands of a receiver or		
trustee, this report must be execute	ed on behalf of the	corporation by th	e receiver or truste	98.		abadulas and		
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					Date			
MICHAEL Rollings					5-	14-2021		
Signature of Authorized Representative								
muchal & FILED								
MAIL TO								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 630 - Revised: 08/2020