State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty. Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUN 14 AM 11:25

1. Entity ID Number	2. Exact name of the Corporation
001677153	AVIDN TRANSPORTATION INC.

3. Principal Office Address	City	State	Zip
149 LONSDALE MAIN ST	LINCOLN	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
485320	PREARRANGED TRANSPORTATION FOR CORPORATE & LEISURE TRAVEL.
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
CHRISTOPHER J.A. SANDERSON	KEVIN A. BEQUIR
Street Address: 15 FLORAL PARK BLVD	Street Address: 149 LONSDALE MAIN ST
City: PAWTUCKET, State: RI, Zip: 02861	City: LINCOLN, State: RI, Zip:
Secretary Name: KEVIN A. BEQUIR	Treasurer Name: CHRISTOPHER J.A. SANDERSON
Street Address: 149 LONSDALE MAIN ST	Street Address: 15 FLORAL PARK BLVD
City: LINCOLN, State: RI, Zip: 02865	City: PAWTUCKET, State: RI, Zip: 02861

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	STK	$0.0100

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	Date
KEVIN A. BEQUIR	6/14/2021

Signature of Authorized Representative: Kevin A. Bequir

FILED

JUN 14 2021

BY RP851

A.A. 11:27 A.M.

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