RI SOS Filing Number: 202198336110 Date: 6/16/2021 2:14:00 PM

State of Rhode Island

Department of State - Business Services Division

STAMP

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN 16 P 2:13

1. Entity ID Number	2. Exact name of the Corporation
000551287	A & S TRANSPORTATION INC

3. Principal Office Address	City	State	Zip
50 ABBOTT ST	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
484110	PACKAGE DELIVERY

5. State of Incorporation: RI

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

President Name: ANTONIO GOULART			Vice-President Name: steve cortinheiro		
Street Address: 20 CARTERS WAY			Street Address: 50 ABBOTT ST		
City: SEEKONK	State: MA	Zip: 02771	City: EAST PROVIDENCE	State: RI	Zip: 02914
Secretary Name: ANTONIO GOULART			Treasurer Name: STEVE CORTINHEIRO		
Street Address: 20 CARTERS WAY			Street Address: 50 ABBOTT ST		
City: SEEKONK	State: MA	Zip: 02771	City: EAST PROVIDENCE	State: RI	Zip: 02914

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

Director Name: ANTONIO GOULART			Director Name: STEVE CORTINHEIRO		
Street Address: 20 CARTERS WAY			Street Address: 50 ABBOTT ST		
City: SEEKONK	State: MA	Zip: 02769	City: EAST PROVIDENCE	State: RI	Zip: 02914
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
1000	COMMON	0

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: ANTONIO GOULART

Date: 06/02/2021

Signature of Authorized Representative:

FILED
JUN 16 2021 2:14
BY DYD55

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

FORM 630 - Revised: 08/2020