RI SOS Filing Number: 202198915180 Date: 7/1/2021 1:36:00 PM

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State of Rho
Departm

de Island

Department of State - Business Services Division

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Annual Report for the year:	2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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→ Penalty: Additional \$25.00 fee if form is not filed by April 1.					BUS SVCS DIV			
1. Entity ID Number 001672650		e of the Corporation NSPORTATION	N INC	2021	JUL - I	P	l: 35 :	
3. Principal Office Address 424 BUDLONG RD			City CRANSTON		State RI	Zip 02920		
4. NAICS Code 484121 5. State of Incorporation RI		iption of the characte L FREIGHT TRUC!			and			
7. List ALL officers (names an	d addresses)			Check t	he box to i	ndicate	e an attachment	
President Name JOSE CARRASCOZA			Check the box to indicate an attachment ☐ Vice-President Name JOSE CARRASCOZA					
Street Address 424 BUDLON	4 BUDLONG RD			Street Address 424 BUDLONG RD				
City CRANSTON	State RI	Zip 02920	City CRANSTON		State RI		Zip 02920	
Secretary Name JOSE CARR	ASCOZA		Treasurer Name JO	Treasurer Name JOSE CARRASCOZA				
Street Address 424 BUDLONG RD			Street Address 424 BUDLONG RD					
City CRANSTON	State RI	Zip 02920	City CRANSTON	1	State RI		Zip 02920	
8. List ALL directors (names a	and addresses)			Check t	he box to i	ndicat	e an attachment	
Director Name	-		Director Name				-	
Street Address			Street Address			<u> </u>		
City	State	Zip	City		State		Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
O.C.	Siece	2.0	City		State		2.0	
9. Shares Authorized		10. Shares Issu						
This information is currently of Department of State.	f record in the	400	SHARES	C_ASS/SERIES COMMON			PAR VALUE NO PAR	
Changes require an additional	fillng.	<u> </u>	-			 		
11. This report must be executrustee, this report must be ex Under penalty of perjury, to	xecuted on behalf o declare and affirm	f the corporation by the that I have examine	ne receiver or trustee d this report, includ	e				
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative JOSE CARRASCOZA					Date 06/30/2021			
Signature of Authorized Repr	esentative			FILED C	-			

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