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State of Rhode Island

Department of State - Business Services Division

FILED
JUL 02 2021
BY 3311

Annual Report for the year: 2021

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
30264	Transportation Building, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Ownership and management of an office building
4. NAICS Code: 813930 - Labor Unions and Si	

6. Principal Office Address	City	State	Zip
121 Brightridge Avenue	East Providence	RI	02914

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

President Name: Paul Santos			Vice-President Name: Matthew Maini		
Street Address: 121 Brightridge Avenue			Street Address: 121 Brightridge Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
Secretary Name: Matthew Taibi			Treasurer Name: Matthew Taibi		
Street Address: 121 Brightridge Avenue			Street Address: 121 Brightridge Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Paul Santos			Director Name: Matthew Maini		
Street Address: 121 Brightridge Avenue			Street Address: 121 Brightridge Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
Director Name: Matthew Taibi			Director Name:		
Street Address: 121 Brightridge Aven			Street Address:		
City: EP	State: RI	Zip: 0291[illegible]	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Marc Gursky	06-29-2021

Signature of Officer/Authorized Representative

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 631 - Revised: 08/2020