



State of Rhode Island

Department of State - Business Services Division

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.

FILED

JUL 03 2021

BY *[Signature]* 3311

1. Entity ID Number 30264		2. Exact name of the Corporation 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 <input type="checkbox"/>					
6. Principal Office Address 121 Brightridge Avenue		City East Providence		State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 02914	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Marc Gursky				Date 06-29-2021	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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 Website: www.sos.ri.gov