



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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

1. Entity ID Number <u>001691521</u>		2. Exact name of the Corporation <u>8 Transportation</u>		2021 JUL 13 A 8:56										
3. Principal Office Address <u>104 Lenox Ave</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>										
4. NAICS Code <u>423110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Transporting goods & products</u>													
5. State of Incorporation <u>RI</u>														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name <u>Charles Abbott</u>		Vice-President Name												
Street Address <u>104 Lenox Ave</u>		Street Address												
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip									
Secretary Name		Treasurer Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
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		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>6</u></td> <td><u>1</u></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>6</u>	<u>1</u>	<u>0</u>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
<u>6</u>	<u>1</u>	<u>0</u>												
Changes require an additional filing.														
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 <u>Charles Abbott</u>				Date <u>06/01/2021</u>										
Signature of Authorized Representative <u>Charles Abbott</u>				FILED										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUL 13 2021

BY JP 2AN XC
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FORM 630 - Revised: 08/2020