



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2022 DEC -8 PM 2: 04

1. Entity ID Number 001663651		2. Exact name of the Corporation E. Costantini Transportation, Inc.			
3. Principal Office Address 3 Nutmeg Drive			City Johnston	State RI	Zip 02919
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Transportation Trucking			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name Emanuele Costantini			Vice-President Name Emanuele Costantini		
Street Address 3 Nutmeg Drive			Street Address 3 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Emanuele Costantini			Treasurer Name Emanuele Costantini		
Street Address 3 Nutmeg Drive			Street Address 3 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name NONE			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 <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	Common	\$0.01
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.					
<b>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.</b>					
Name of Authorized Representative Emanuele Costantini, President					Date 12-5-22
Signature of Authorized Representative 					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

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