



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.

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2023 FEB -3 A 8:48

1. Entity ID Number <u>001736334</u>		2. Exact name of the Corporation <u>ABIM JAY Transport Corporation</u>	
3. Principal Office Address <u>139 Farmington Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
4. NAICS Code <u>484121</u>		6. Brief description of the character of business conducted in Rhode Island <u>transportation logistics</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>none</u>		Vice-President Name <u>none</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Secretary Name <u>none</u>		Treasurer Name <u>none</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Elizabeth Tabiti</u>		Director Name <u>none</u>	
Street Address <u>139 Farmington Ave</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02920</u>		Zip	
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>1</u>	<u>STK</u>
			<u>0</u>
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>Elizabeth Tabiti</u>		Date <u>2/3/23</u>	
Signature of Authorized Representative <u>E B Tabiti</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

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BY ML TVT9D

FORM 630 - Revised: 11/2021