



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

MAR 20 2023

BY 7840

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

1. Entity ID Number 789782		2. Exact name of the Corporation Signature Transportation, Inc.			
3. Principal Office Address 5 Almeida Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY F. ANDRADE			Vice-President Name N/A		
Street Address 61 Winter Street			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name ANTHONY F. ANDRADE			Treasurer Name ANTHONY F. ANDRADE		
Street Address 61 Winter Street			Street Address 61 Winter Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTHONY F. ANDRADE			Director Name		
Street Address 61 Winter Street			Street Address		
City Rehoboth	State MA	Zip 02769	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 <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
		100		COMMON	NO PAR VALUE
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 ANTHONY F. ANDRADE, PRESIDENT				Date February 21, 2023	
Signature of Authorized Representative 					