



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

MAR 20 2023

BY 7840 [Signature]

- 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 | | | | | |

MAIL TO:
 Division of Business Services
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