



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.

FILED

MAR 22 2023

BY

| | | | | | |
|--|--------------------|--|---|--|----------------------------------|
| 1. Entity ID Number 662417 | | 2. Exact name of the Corporation MILESTONE TRANSPORT, INC. | | | |
| 3. Principal Office Address 65 Union Street, #1 | | | City Woonsocket | State RI | Zip 02895 |
| 4. NAICS Code 484110 | | 6. Brief description of the character of business conducted in Rhode Island Trucking business, transportation of goods | | | |
| 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 Harwinderjeet S. Mann | | | Vice-President Name None | | |
| Street Address 65 Union Street, #1 | | | Street Address | | |
| City Woonsocket | State RI | Zip 02895 | City | State | Zip |
| Secretary Name Harwinderjeet S. Mann | | | Treasurer Name Harwinderjeet S. Mann | | |
| Street Address 65 Union Street, #1 | | | Street Address 65 Union Street, #1 | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Harwinderjeet S. Mann | | | Director Name None | | |
| Street Address 65 Union Street, #1 | | | Street Address | | |
| City Woonsocket | State RI | Zip 02895 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 2000 | CLASS/SERIES Common | PAR VALUE 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 Harwinderjeet S. Mann | | | | Date MAR 1ST 2023 | |
| Signature of Authorized Representative A. S. Mann | | | | | |

MAIL TO:

Division of Business Services

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