



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

RECEIVED
 RI DEPT. OF STATE
 BUSINESS

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

2023 APR 11 10 02 51

1. Entity ID Number 001701073		2. Exact name of the Corporation N & S Transportation Inc			
3. Principal Office Address 80 Lakeside ST			City Riverside	State RI	Zip 02915
4. NAICS Code 484220		6. Brief description of the character of business conducted in Rhode Island Interstate transportation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Soma da Rosa			Vice-President Name Daniel F. Barros		
Street Address 80 Lakeside ST			Street Address 80 Lakeside ST		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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	CMF	0
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. <i>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.</i>					
Name of Authorized Representative 				Date 4-7-2023	
Signature of Authorized Representative 				Date 4-7-2023	

FILED 1000
 APR 11 2023
 BY R NUSXJ