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State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

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FORM 630 - Revised: 11/2021

Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00

Phone: (401) 222-3040 Website: www.sos.ri.gov

RECEIVED R.I. DEPT. OF STATE

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.				₽92			
Entity ID Number	2. Exact nan	2. Exact name of the Corporation			31 P 3: 2b		
00107203	GRE	EN Gal	D TRANSPOR	TINC			
Principal Office Address			City	State	i .		
ZHIREAD S	chan H	au se Rd	COVENTRY	r R工	02816		
NAICS Code	6. Brief desc	cription of the chara	acter of business conducted in	Rhode Island			
484121	TF	LUCKIN	· G-				
. State of Incorporation	<b>-</b>						
R.工							
List ALL officers (names and	addresses)	· · · · · - ·		Check the box to in	ndicate an attachment [		
resident Name	1 ` -		Vice-President Name	<del></del>	<u>-</u>		
MICHAEL KOLLINGS Street Address			Street Address				
241 READ Sch	an House	F Rd.	Street Address				
ity	State	Zip	City	State	Zîp		
Cocretory Name			Transuras Nama	<u> </u>			
ecretary Name	cretary Name			Treasurer Name			
Street Address			Street Address				
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City	State	Zip	City	State	Zip		
List ALL directors (names ar	nd addresses)			Check the box to in	ndicate an attachment [		
irector Name			Director Name				
itreet Address			Street Address				
City	State	Zip	City	State	Zıp		
irector Name		1	Director Name	I			
treet Address			Street Address				
Dity	State	Zip	City	State	Zıp		
··· <b>·</b>	Joint Control	12.19	J. C.	Olulo	1		
. Shares Authorized		10. Shares Is			ndicate an attachment		
This information is currently of record in the NUME Department of State.		NJMBER	OF SHARES CL	ASS/SERIES	PAR VALUE		
•	***	100	)		No PAR Val		
hanges require an additional fi	iling.						
This report must be execut	ed on behalf of the	e corporation by an	authorized representative. If t	he corporation is in t	he hands of a receiver		
ustee, this report must be ex-	ecuted on behalf o	f the corporation b	y the receiver or trustee.	· <u> </u>			
inder penalty of perjury, I di tatements, and that all state			ined this report, including an	y accompanying so	hedules and:		
ame of Authorized Represen		incieni ale une a	ma correct.	Date			
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