RI SOS Filing Number: 202340455100 Date: 8/21/2023 4:00:00 PM

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State of Rhode Isla	nd							
Department of State - Business Services Division								
Annual Report for the year: 2023 Corporation					P.I. DE	ECEIVED PT. OF ST SVCS DI	ATE	
→ Filing period: February 1 - May 1								
Filing Fee: \$50.00					2072 6116	321 P	2: 22	
Penalty: Additional \$25.00 fee if form is not filed by May 31.					נונט אטנ	3 2 1 1	۲. ۲۲	
1. Entity ID Number 2. Exact name of the Corporation 3. Principal Office Address City PROVIDENCE T. 03908								
3. Principal Office Address City State						Zip		
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
5. State of Incorporation TOUR DODGETATION								
nI TRANSPORTATION								
7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name								
Michael Lewis								
Street Address by Pelein St			Street Address					
city pro	State 1	1290B	City			State Zip		
Secretary Name			Treasurer Name					
Street Address				Street Address				
City	State	Zip	City		State	P	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Director Name								
Street Address			Street Address					
City	State	Zip	City		State	9	Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	•	Zip	
9. Shares Authorized		10. Shares Issue	d	Check th	e box to ir	ndicate an at	tachment 🔲	
This information is currently of rec Department of State.	ord in the	NUMBER OF SH	ARES	CLASS/SE	RIES		PAR VALUE	
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Changes require an additional filing.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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								
Michael	Len."		•			ان	اعمدار	
ignature of Authorized Representative , AUG 2 1 2023								
Michael Bluso X9H9C								
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov