



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.

2024 JAN 10 AM 10:22

1. Entity ID Number 001695837		2. Exact name of the Corporation SAHARA TRANSPORTATION CORP			
3. Principal Office Address 40 CHESTNUT ST APT 1			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 484122		6. Brief description of the character of business conducted in Rhode Island INTERSTATE TRANSPORTATION OF GENERAL 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 JOSE H. CRUZ			Vice-President Name		
Street Address 40 CHESTNUT ST APT 1			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
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		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES	PAR VA. JF NON PAR
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 JOSE H. CRUZ				Date 01/09/2024	
Signature of Authorized Representative J. Cruz					

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

10:24

JAN 10 2024

BY ML PGQNH

FORM 630- Revised 12/2023