



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.

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

STAMP

2024 JAN 26 A 11:10

1. Entity ID Number 001708413		2. Exact name of the Corporation JSB TRANSPORTATION, INC			
3. Principal Office Address 31 WILLOW STREET APT 2			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION SERVICES			
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 OSWALDO CHAMORRO			Vice-President Name OSWALDO CHAMORRO		
Street Address 31 WILLOW STREET APT 2			Street Address 31 WILLOW STREET APT 2		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
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 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 10,000	CLASS/SERIES STK	PAR VALUE 0.0100
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 OSWALDO CHAMORRO				Date 01/25/2024	
Signature of Authorized Representative 				JAN 26 2024 BY Y6 PHS	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov