



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022

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 26 A 11:10

1. Entity ID Number 001708413	2. Exact name of the Corporation JSB TRANSPORTATION INC
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3. Principal Office Address 31 WILLOW STREET APT 2	City PROVIDENCE	State RI	Zip 02909
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4. NAICS Code 484120	6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION SERVICES
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5. State of Incorporation RHODE ISLAND

7. List ALL officers (names and addresses) Check the box to indicate an attachment

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	City PROVIDENCE
State RI	State RI
Zip 02909	Zip 02909

Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	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	FAR VALUE
	10,000	STK	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
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Signature of Authorized Representative 	FILED
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JAN 26 2024
BY Y9 PHS