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**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.

| | | | | | |
|--|-------|---|----------------------------|---------------------------|---------------------|
| 1. Entity ID Number 000797427 | | 2. Exact name of the Corporation NORTH AMERICAN BUS INDUSTRIES INC. | | | |
| 3. Principal Office Address 200 EAST OAKTON STREET | | | City DES PLAINES | State IL | Zip 60018 |
| 4. NAICS Code 336100 | | 6. Brief description of the character of business conducted in Rhode Island BUS MANUFACTURER | | | |
| 5. State of Incorporation ALABAMA | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name NONE | | | Vice-President Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 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 | |
| | | NONE | | .01 | |
| | | NONE | | | |
| 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 PIPASU SONI | | | | Date 01/09/2024 | |
| Signature of Authorized Representative | | | | 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

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