



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
24 JAN 30 AM 11:01:05

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> <td>.01</td> </tr> <tr> <td>NONE</td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	NONE		.01	NONE		
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
NONE		.01												
NONE														
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 receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
<b>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.</b>														
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

JAN 30 2024  
BY XSL6NZ 11:01  
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