RI SOS Filing Number: 202447858200 Date: 3/5/2024 9:01:00 AM 4 MAR 5 EXB: 57: 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 2. Exact name of the Corporation 1. Entity ID Number DIAS TRANSPORTATION INC 001657731 State Principal Office Address 02860 PAWTUCKET IRI 15 HAZEL STREET Brief description of the character of business conducted in Rhode Island 4. NAICS Code TRUCKING 484120 State of Incorporation Check the box to indicate an attachment List ALL officers (names and addresses) Vice-President Name President Name MARINO O DIAS Street Address Street Address 34 CAMPBELL TERRACE Zip State City State Ri 02860 PAWTUCKET Treasurer Name MARINO O DIAS Secretary Name MARINO O DIAS Street Address 34 CAMPBELL TERRACE Street Address 34 CAMPBELL TERRACE State RI State ^{Zip}102860 **PAWTUCKET** 02860 City PAWTUCKET Check the box to indicate an attachment 8. List ALL directors (names and addresses) Director Name Director Name MARINO O DIAS Street Address Street Address 34 CAMPBELL TERRACE Zip State Zip 02860 City State City PAWTUCKET lRI Director Name Director Name Street Address Street Address State Zip Zip State City Check the box to indicate an attachment 10. Shares Issued 9. Shares Authorized NUMBER OF SHARES CLASS/SERIES This information is currently of record in the 0 100 COMMON Department of State. 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 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. Date Name of Authorized Representative 02/03/2024 lMARINO O. DIAS Signature of Authorized Representative **FILED** MAIL TO: MAR 0 5 2024 Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov N:01

FORM 630- Revised, 12/2023