



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.

REC'D RIDOR BSD
24 MAR 5 PM 11:58:22

1. Entity ID Number 000160453		2. Exact name of the Corporation Neway Transport Co Inc.	
3. Principal Office Address 649 Broadway		City Malden	State MA
		Zip 02148	
4. NAICS Code 480110	6. Brief description of the character of business conducted in Rhode Island General Trucking and Transportation		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Brendan Cunningham		Vice-President Name	
Street Address 649 Broadway		Street Address	
City Malden	State MA	Zip 02148	
Secretary Name Jeffrey Lyons		Treasurer Name Jeffrey Lyons	
Street Address 649 Broadway		Street Address 649 Broadway	
City Malden	State MA	Zip 02148	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Brendan Cunningham		Director Name Jeffrey Lyons	
Street Address 649 Broadway		Street Address 649 Broadway	
City Malden	State MA	Zip 02148	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued	
		NUMBER OF SHARES 1000	CLASS/SERIES CNP
		PAR VALUE 0.00	
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 Brendan Cunningham		Date 10/25/23	
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

11:00 MAR 05 2024
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