



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 10:58:22

1. Entity ID Number 000160453	2. Exact name of the Corporation Neway Transport Co Inc.
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3. Principal Office Address 649 Broadway	City Malden	State MA	Zip 02148
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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

President Name Brendan Cunningham			Vice-President Name		
Street Address 649 Broadway			Street Address		
City Malden	State MA	Zip 02148	City	State	Zip
Secretary Name Jeffrey Lyons			Treasurer Name Jeffrey Lyons		
Street Address 649 Broadway			Street Address 649 Broadway		
City Malden	State MA	Zip 02148	City Malden	State MA	Zip 02148

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

Director Name Brendan Cunningham			Director Name Jeffrey Lyons		
Street Address 649 Broadway			Street Address 649 Broadway		
City Malden	State MA	Zip 02148	City Malden	State MA	Zip 02148
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued	Check the box to indicate an attachment <input type="checkbox"/>
	NUMBER OF SHARES	CLASS/SERIES
	1000	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
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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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