



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.

**FILED**  
**MAR 06 2024**  
BY *[Signature]*

1. Entity ID Number <i>189782</i>		2. Exact name of the Corporation Signature Transportation, Inc.			
3. Principal Office Address 5 Almeida Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ANTHONY F. ANDRADE			Vice-President Name N/A		
Street Address 61 Winter Street			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name ANTHONY F. ANDRADE			Treasurer Name ANTHONY F. ANDRADE		
Street Address 61 Winter Street			Street Address 61 Winter Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name ANTHONY F. ANDRADE			Director Name		
Street Address 61 Winter Street			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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 ANTHONY F. ANDRADE, PRESIDENT				Date February 20, 2024	
Signature of Authorized Representative <i>Anthony F. Andrade</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov