



State of Rhode Island

Department of State - Business Services Division

REC'D: RIDOS: BSD
24 APR 9 AM 11:29:58
iA.P.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.

1. Entity ID Number 000107564		2. Exact name of the Corporation EGL, Inc.			
3. Principal Office Address 15350 Vickery Drive			City Houston	State TX	Zip 77032
4. NAICS Code 488510		6. Brief description of the character of business conducted in Rhode Island Freight Forwarding			
5. State of Incorporation TX					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ashfaque Chowdhury			Vice-President Name Claudia Cardoso		
Street Address 15350 Vickery Drive			Street Address 15350 Vickery Drive		
City Houston	State TX	Zip 77032	City Houston	State TX	Zip 77032
Secretary Name Kristina Michaelson			Treasurer Name Clinton Smith		
Street Address 15350 Vickery Drive			Street Address 15350 Vickery Drive		
City Houston	State TX	Zip 77032	City Houston	State TX	Zip 77032
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Clinton Smith			Director Name Claudia Cardoso		
Street Address 15350 Vickery Drive			Street Address 15350 Vickery Drive		
City Houston	State TX	Zip 77032	City Houston	State TX	Zip 77032
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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 1,000	CLASS/SERIES CWP	PAR VALUE .01
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 Claudia Cardoso				Date April 8, 2024	
Signature of Authorized Representative <i>Claudia Cardoso</i>					

555B50F3319C428

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 08 2024

BY

SRLEJ

63

FORM 630 - Revised: 11/2021