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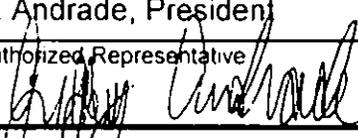


**State of Rhode Island
Department of State - Business Services Division**

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.

| | | | | | |
|--|--------------------|---|--|--------------------|-----------------------|
| 1. Entity ID Number 001734198 | | 2. Exact name of the Corporation Andrade Transportation Inc. | | | |
| 3. Principal Office Address 294 Robin Hollow Road | | | City West Greenwich | State RI | Zip 02817 |
| 4. NAICS Code 485999 | | 6. Brief description of the character of business conducted in Rhode Island Transportation services | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Gregory S. Andrade | | | Vice-President Name Mary L. Andrade | | |
| Street Address 294 Robin Hollow Road | | | Street Address 294 Robin Hollow Road | | |
| City West Greenwich | State RI | Zip 02817 | City West Greenwich | State RI | Zip 02817 |
| Secretary Name Mary L. Andrade | | | Treasurer Name Gregory S. Andrade | | |
| Street Address 294 Robin Hollow Road | | | Street Address 294 Robin Hollow Road | | |
| City West Greenwich | State RI | Zip 02817 | City West Greenwich | State RI | Zip 02817 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued 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. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | PAR VALUE | | | |
| | | 400 | Common | \$.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 Gregory S. Andrade, President | | | | | Date 4/8/24 |
| 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

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BY 1048 AM.