

RECD RIDCS BSD
24 MAY 17 PM 12:05:11

STAMP

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 001739284		2. Exact name of the Corporation LESNA Transport Inc.			
3. Principal Office Address 11 THURSTON STREET, APT 1			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 485310		6. Brief description of the character of business conducted in Rhode Island NON-MEDICAL EMERGENCY TRANSPORT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LESTER K MANLY			Vice-President Name KEONA MANLY		
Street Address 11 THURSTON STREET, APT 1			Street Address 11 THURSTON STREET, APT 1		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name GRADIA KEONA MANLY			Treasurer Name		
Street Address 11 THURSTON STREET, APT 1			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GRADIA GRADIA MANLY			Director Name KEONA MANLY		
Street Address 11 THURSTON STREET, APT 1			Street Address 11 THURSTON STREET, APT 1		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name LESTER MANLY			Director Name		
Street Address 11 THURSTON STREET, APT 1			Street Address		
City PROVIDENCE	State RI	Zip 02907	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	PAR VALUE
		100			1.0000000
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 LESTER MANLY					Date 05/17/2024
Signature of Authorized Representative					

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

FILED

MAY 17 2024
BY AHXK9

AA. 12:08 pm.