



State of Rhode Island
Department of State - Business Services Division

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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 GRADIA			
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		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	
		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.**

FORM 630- Revised: 12/2023