



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECORDS BUREAU
24 MAY 17 PM 12:05:04

STAMP

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 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	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 AHXLA AA.
12:00 PM.

FORM 630- Revised: 12/2023