



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 30 2024

BY

1. Entity ID Number 000017586		2. Exact name of the Corporation NORTHEAST BUS CO.			
3. Principal Office Address 85 EAST AVENUE		City NORTH PROVIDENCE		State RI	Zip 02911
4. NAICS Code 926120	6. Brief description of the character of business conducted in Rhode Island SCHOOL TRANSPORTATION				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEFFREY M. MARWELL			Vice-President Name SAME		
Street Address 26 JFK CIRCLE			Street Address		
City NO. PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME			Director Name SAME		
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIES --	PAR VALUE -
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 JEFFREY M. MARWELL				Date 5/10/2024	
Signature of Authorized Representative 					

MAIL TO:
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