



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.

REC'D RSD05 BSD  
24 OCT 30 PM 12:05:57  
TAMP  
FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>1742477</b>		2. Exact name of the Corporation <b>J &amp; J Transport INC.</b>	
3. Principal Office Address <b>46 Alaska st</b>		City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>			
4. NAICS Code <b>484110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Transportation of Construction materials using Dump Trucks.</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Sendrick Estrada</b>		Vice-President Name	
Street Address <b>14 Wayne st</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	
		<b>0</b>	
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 <b>Sendrick Estrada</b>		FILED	Date <b>10/30/24</b>
Signature of Authorized Representative <i>[Signature]</i>		OCT 30 2024 <b>Kxd52</b>	

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