State of Rhode Island Department of Sta Annual Report for the year:	າ ate - Business Ser ພິ	vices Division	REC'D RIDOS	AMP
Corporation → Filing period: February 1 - I		_	: 25 [:22	igens 1954 (alignes) 1954 (alignes)
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	·	May 31	.40	,
Entity ID Number	2. Exact name of the Co			
000487811	MAXTINE	7 TYANSDOSTATION	INC	
Principal Office Address	, .	City (State	Zip
40 HERSCHE	-L SIT	DROUIDENCE	RI	02
4. NAICS Code	6. Brief description of the	e character of business conducted in Rhode Isl	and	
5. State of Incorporation	MOUF	FUENTURE		
P-1				

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7. List ALL officers (nar	mes and addresses)			Check the box to indica	te an attachment 🔲		
President Name	A MA	YIINE.	Vice-President N	Name			
Street Address HD HFRSLHEL ST			Street Address				
City OYO U.	State 2 1	zip 29	09 City	State	Zip		
Secretary Name			Treasurer Name		_		
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. List ALL directors (na	ames and addresses)		I	Check the box to indica	ite an attachment 🔲		
Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
9. Shares Authorized 10. Shares Iss							
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERILS FAR VALUE			
Changes require an additional filling.					(/*()/_		
11. This report must be	executed on behalf of the	e corporation by	an authorized represei	ntative. If the corporation is in	the hands of a re-		

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

Division of Business Services
148 W. River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED 1:22

JAN 14 2025

FORM 630- Revised: 12/2023

