



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

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

FIELD

FEB 18 2025

BY 0927

1. Entity ID Number 789782		2. Exact name of the Corporation Signature Transportation, Inc.												
3. Principal Office Address 5 Almeida Drive			City East Providence	State RI	Zip 02914									
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION SERVICES												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name ANTHONY F. ANDRADE			Vice-President Name N/A											
Street Address 61 Winter Street			Street Address											
City Rehoboth	State MA	Zip 02769	City	State	Zip									
Secretary Name ANTHONY F. ANDRADE			Treasurer Name ANTHONY F. ANDRADE											
Street Address 61 Winter Street			Street Address 61 Winter Street											
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name ANTHONY F. ANDRADE			Director Name											
Street Address 61 Winter Street			Street Address											
City Rehoboth	State MA	Zip 02769	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"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
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100	COMMON	NO 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 ANTHONY F. ANDRADE, PRESIDENT					Date February 18, 2025									
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