



State of Rhode Island  
Department of State - Business Services Division

**STAMP**

Annual Report for the year: 2025

Corporation

FOR  
SECRETARY OF STATE  
USE ONLY

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number <u>001701073</u>		2. Exact name of the Corporation <u>N &amp; S Transportation Inc</u>			
3. Principal Office Address <u>80 Lakeside St</u>			City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>
4. NAICS Code <u>484220</u>		6. Brief description of the character of business conducted in Rhode Island <u>Interstate Transportation</u>			
5. State of Incorporation					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Sonia La Rosa</u>			Vice President Name <u>Daniel F Barrios</u>		
Street Address <u>80 Lakeside St</u>			Street Address <u>80 Lakeside St</u>		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <u>10</u>	CLASS/SERIES	PAR VALUE <u>0</u>
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 <u>Sonia La Rosa</u>				FILED	Date <u>02/26/2025</u>
Signature of Authorized Representative <u>[Signature]</u>				FEB 26 2025 <u>APV/K</u>	

MAIL TO:  
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