

## State of Rhode Island Department of State - Business Services Division

Department of otate - Dusiness Services Division					SIAMP			
Annual Report for the year:  Corporation –	1025				FOR SECRETARY OF STATE			
→ 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	2. Exact name of			_				
001701073	N&S teansfortation Inc							
3. Principal Office Address					State		Zıp	
80 Laxesize St				veasize	│ Ç	<u>ス</u>	OP915	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
USUBDO Incorporation Interestate transfortation								
7. List ALL officers (names and addresses)  Check the box to indicate an attachmen							chment 🗆	
President Name			Vice President Name & & Bannos					
Street Address  KO LOXESIZO ST			Street Address 80 Lake S 20 St					
CA ZWENZIZE	State	Zip 02915	City Q-	05/2401/1	State	<del>2</del> =\(\frac{1}{2} = \frac{1}{2} = \frac{1}{2	Zip O P (	
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
8. List ALL directors (names and ad	ldresses)		1	Check the bo	x to indic	cate an atta	schment 🗍	
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State	State Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized	l	10. Shares Issue	d d	Check the bo	x to indi	cate an att	achment 🗀	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SH		CLASS/SERIES			PAR VALUE	
		16				$\mathcal{C}$	<del>/</del>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re						s of a re-		
ceiver 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			FILEC	)	Date			
Sonada	ROSa				06	7/2	6 1202	
Signature of Authorized Representa			FEB 26	• /				
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov