RI SOS Filii	ng Number: 2025	572902160 E	Date: 5/5/2025 4:00:0	00 PM		
State of Rhode Island Department of State - Business Services Division				FILED		
Department Annual Report for the y		ess Services	DIVISION	MAY 0 5.29	MAY 0 5, 2925	
Corporation				BY	$\lambda \gamma_1$	
→ Filing period: Februa → Filing Fee: \$50.00 → Penalty: Additional \$		ot filed by May 31.	; ₹	RECEIVED RIDEPT UN STE BUS SYCS DIV	Oi_	
Entity ID Number	2. Exact name	e of the Corporation	1	BUS SVCS DIV	1	
535741	EFSC	urbing Inc.				
3. Principal Office Address 27 Kelley Avenue			Johnston	2025 HA (Stable 12 3: RI	0 Zip 02919	
4. NAICS Code 237310	6. Brief descri Set Curbi	•	ter of business conducted i	n Rhode Island		
5. State of Incorporation RI						
7. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name Marie A. Sweeney			Vice-President Name			
Street Address 27 Kelley Avenue			Street Address			
^{City} Johnston	State RI	^{Zip} 02919	City	State	Zip	
Secretary Name Marie A. Sweeney			Treasurer Name Edward F. Sweeney			
Street Address 27 Kelley Avenue			Street Address 27 Kelley Avenue			
^{City} Johnston	State RI	^{Zip} 02919	^{City} Johnston	State RI	⁷ 02919	
8. List ALL directors (names	s and addresses)			neck the box to indicate an	attachment	
Director Name Marie A. S	Sweeney		Director Name Edward	d F. Sweeney		
Street Address 27 Kelley Avenue			Street Address 27 Kelley Avenue			
^{City} Johnston	State RI	^{Zip} 02919	City Johnston	State RI	7 <u>7</u> 02919	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Iss		heck the box to indicate ar	PAR VALUE	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
Changes require an addition:	al filing.					
11. This report must be exe	cuted on behalf of the	corporation by an a	l authorized representative. I		ands of a re-	
ceiver or trustee, this report	t must be executed on	behalf of the corpo	ration by the receiver or tru	stee.		
Under penalty of perjury, statements, and that all s				my accompanying sched	10142 alla	
Name of Authorized Representative				Date		
Edward F. Sweeney	3/9/2025					

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