RI SOS Filing Number: 202573396940 Date: 5/19/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

MAY 19 2025

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5 MAY 19 P 4:00

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.

1. Entity ID Number	2. Exact name of the Corporation			
662417	MILESTONE TRANSPORT, INC.			
3. Principal Office Address		City	State	Zip
65 Union Street, #1		Woonsocket	RI	02895
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
484110	Trucking business, transportation of goods			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Harwinderjeet S. Mann			Vice-President Name: None		
Street Address: 65 Union Street, #1			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	City:	State:	Zip:
Secretary Name: Harwinderjeet S. Mann			Treasurer Name: Harwinderjeet S. Mann		
Street Address: 65 Union Street, #1			Street Address: 65 Union Street, #1		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Harwinderjeet S. Mann			Director Name: None		
Street Address: 65 Union Street, #1			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	City:	State:	Zip:
Director Name: None			Director Name: None		
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	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	Date
Harwinderjeet S. Mann	MAY 14TH, 2025

Signature of Authorized Representative: H. S. Mann.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021