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**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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 001687668 | E & G TRANSPORT INC | | | |
| 3. Principal Office Address | | City | State | Zip |
| 77 SUMTER STREET | | PROVIDENCE | RI | 02907 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 484121 | TRUCKING | | | |
| 5. State of Incorporation | | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: ELVYS A. GOMEZ | | | Vice-President Name | | |
| Street Address: 77 SUMTER STREET | | | Street Address | | |
| City: PROVIDENCE | State: RI | Zip: 02907 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: ELVYS A. GOMEZ | | | Director Name | | |
| Street Address: 77 SUMTER STREET | | | Street Address | | |
| City: PROVIDENCE | State: RI | Zip: 02907 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 1000 | CWP | 0.0100 |
| | | | |

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 |
|---|---|
| ELVYS A. GOMEZ | 7/23/2025 |

Signature of Authorized Representative: Firmado por: [signature] — FILED

JUL 28 2025

BY 26025 12:46

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