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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
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1. Entity ID Number 001687668		2. Exact name of the Corporation E & G TRANSPORT INC												
3. Principal Office Address 77 SUMTER STREET			City PROVIDENCE	State RI	Zip 02907									
4. NAICS Code 484121		6. Brief description of the character of business conducted in Rhode Island 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. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">NUMBER OF SHARES</th> <th style="text-align: left;">CLASS/SERIES</th> <th style="text-align: left;">PAR VALUE</th> </tr> <tr> <td>1000</td> <td>CWP</td> <td>0.0100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CWP	0.0100			
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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. <i>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.</i>														
Name of Authorized Representative ELVYS A. GOMEZ				Date 7/23/2025										
Signature of Authorized Representative				FILED										

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2675
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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