						REC 25 SE		
State of Rhode Island Department of State - Business Services Division Annual Report for the year: Corporation Filing period: February 1 - May 1 Filing Fee: \$50.00						70 RIDOS BSD P 19 AM 10: 10:28		
Penalty: Additional \$25.00 for 1. Entity ID Number	ee if form is not filed by May 31. 2. Exact name of the Corporation							
96266	N.E. Transportation of Smithfield Corf.							
3. Principal Office Address 191 Spartina Cove Way				Vakefield RI 10287				
4. NAICS Code 484110	6. Brief description of the character of business conducted in Rhode 1 Trucking aggregate materials of				sland Incl to	og ngoort	_	
5. State of Incorporation	Construction equipment.					uniqui i		
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Martha Landry				Vice-President Name F/12abeth Catrison				
1 191 Sparting Usve Way			Street Address In Thair Beth Dr					
^{ciny} Wakeheld	State R1	zip 02879		5 reenwich	State	State R1 2ip 281		
Secretary Name	Name							
Street Address				Street Address				
City	State	Zip	City		State	Zip		
8. List ALL directors (names and addresses) Director Name				Check the box to indicate an attachment Director Name				
Street Address				Street Address				
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address				Street Address				
City	State	Zip	City		State	Zip		
3. Shares Authorized 10. Shares Issued This Information is currently of record in the NUMBER OF SH			Check the b		cate an attachn			
Department of State.		1000		CNP		l	j	
Changes require an additional filing.								
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 9-17-2025								
Signature of Authorized Representative APATW								
Br. T.								
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615								

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