



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**  
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c) is subject to a penalty fee of \$25.00.

1. ID No. 135923	2. Exact name of the limited liability company University Shuttle, LLC
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3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island Transportation
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5. Principal office address 284 Allens Avenue	City Providence	State Rhode Island	Zip 02905
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name Armand Ferrucci	Contact Title Member

Street Address 284 Allens Avenue	City Providence	State Rhode Island	Zip 02905
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7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - **DO NOT LIST MEMBERS**  
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)

Manager Name	Street Address	City	State	Zip	Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND  
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

**FILED**  
NOV 03 2008  
By AMF 11.48  
12229

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

135923

File Date 2008 NOV 03 11:11 AM
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

*Armand Ferrucci* 10/27/08  
Signature of Authorized Person Date

Armand Ferrucci  
Print or Type Name of Authorized Person