



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 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. <u>000334515</u>		2. Exact name of the limited liability company <u>Transland LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate</u>	
5. Principal office address <u>187 Windmill St</u>		City <u>Prov.</u>	State <u>RI</u>
		Zip <u>02904</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Lewin Vicioso</u>		Contact Title <u>Manager</u>	
Street Address <u>187 Windmill St</u>		City <u>Prov.</u>	State <u>RI</u>
		Zip <u>02904</u>	
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 <u>Rosendo Vicioso</u>		Manager Name <u>Lewin Vicioso</u>	
Street Address <u>187 Windmill St</u>		Street Address <u>187 Windmill St</u>	
City <u>Prov.</u>	State <u>RI</u>	City <u>Prov.</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Manager Name <u>Maria Vicioso</u>		Manager Name	
Street Address <u>187 Windmill St</u>		Street Address	
City <u>Prov.</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name		Address	
Address		City	Zip

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

FILED

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By md

029-103441

File Date _____
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 statements contained herein are true and correct.

Signature of Authorized Person [Signature] Date 11/9/09
Print or Type Name of Authorized Person Manager Rosendo Vicioso