



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 2011

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. 155758 | | 2. Exact name of the limited liability company PREMIER COURIER SERVICE LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island DOCUMENTS AND SMALL PACKAGES | |
| 5. Principal office address 197 WILSON AVE | | City RUMFORD | State RI |
| | | Zip 02916 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name RICHARD F. KELLEY | | Contact Title OWNER | |
| Street Address 197 WILSON AVE. | | City RUMFORD | State RI |
| | | Zip 02916 | |
| 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) <input type="checkbox"/> | | | |
| Manager Name SAME AS ABOVE | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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

SEP 29 2011

By 153175
DS

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.

Richard F. Kelley 9/29/11
Signature of Authorized Person Date

RICHARD F. KELLEY
Print or Type Name of Authorized Person

| |
|---------------------------------|
| File Date _____ |
| Check No. _____ |
| By: _____ |
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