



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                                              |       |                                                                                                        |                    |                     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------|--------------------|---------------------|-----|
| 1. Entity ID No.<br><u>816757</u>                                                                                                                                            |       | 2. Exact name of the limited liability company<br><u>Salgado Transportation, LLC</u>                   |                    |                     |     |
| 3. State of Formation<br><u>RI</u>                                                                                                                                           |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Trucking Company</u> |                    |                     |     |
| 5. Principal office address<br><u>200 Terrace ave</u>                                                                                                                        |       | City<br><u>Pawtucket</u>                                                                               | State<br><u>RI</u> | Zip<br><u>02860</u> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                         |       |                                                                                                        |                    |                     |     |
| Contact Name<br><u>Cynthia R Cota</u>                                                                                                                                        |       | Contact Title<br><u>Secretary</u>                                                                      |                    |                     |     |
| Street Address<br><u>200 Terrace ave</u>                                                                                                                                     |       | City<br><u>Pawtucket</u>                                                                               | State<br><u>RI</u> | Zip<br><u>02860</u> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                        |                    |                     |     |
| Manager Name                                                                                                                                                                 |       | Manager Name                                                                                           |                    |                     |     |
| Street Address                                                                                                                                                               |       | Street Address                                                                                         |                    |                     |     |
| City                                                                                                                                                                         | State | Zip                                                                                                    | City               | State               | Zip |
| Manager Name                                                                                                                                                                 |       | Manager Name                                                                                           |                    |                     |     |
| Street Address                                                                                                                                                               |       | Street Address                                                                                         |                    |                     |     |
| City                                                                                                                                                                         | State | Zip                                                                                                    | 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 Form 642.                                                            |       |                                                                                                        |                    |                     |     |

**FILED**

APR 09 2015

BY 4837

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.

Cynthia R Cota 3/30/15  
Signature of Authorized Person Date

Cynthia R Cota  
Print or Type Name of Authorized Person

Carlos G Cota 4/7/15  
Signature of Authorized Person Date