



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
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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. 488458		2. Exact name of the limited liability company NFC Express, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island For the purpose of transporting various containers			
5. Principal office address 85 Industrial Circle		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Xiomara Zabatta		Contact Title Manager			
Street Address 85 Industrial Circle		City Lincoln	State RI	Zip 02865	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Xiomara Zabatta		Manager Name Frank Zabatta			
Street Address 85 Industrial Circle		Street Address 85 Industrial Circle			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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

OCT 07 2015

File Date _____

Check No. **BY** _____

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

Date

Xiomara Zabatta

Print or Type Name of Authorized Person