



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 **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. 147438 | | 2. Exact name of the limited liability company Flat River Transport, LLC | | | |
| 3. State of Formation RI | | 4. Brief description of the character of business conducted in Rhode Island Transportation | | | |
| 5. Principal office address 1705 Flat River Road | | City Coventry | | State RI | Zip 02816 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Jeffrey Blais | | Contact Title Member | | | |
| Street Address 1705 Flat River Road | | City Coventry | | State RI | Zip 02816 |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name Jeffrey Blais | | Manager Name | | | |
| Street Address 1705 Flat River Road | | Street Address | | | |
| City Coventry | State RI | Zip 02816 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND G. John Gazerro, Jr 1551 Centreville Road Warwick RI | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. 02886 | | | | | |

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **BY**

FILED

OCT 29 2015

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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

JEFFREY BLAIS

Print or Type Name of Authorized Person

Date

10/21/15