

## State of Shode and and Providence Plantations

## Department of State - Business Services Division RECEIVED 148 W. River Street, Providence, Rhode Island 02904-2615 SECRETARY OF STATE Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov | PORATIONS DIV

20152818 MAY -9 Limited Liability Company Annual Report for the year: Filing period: September 1 - November 1

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

1. Entity ID Number	2. Exact n	ame of the Limite	ed Liability Company		
998144	Sta	ar Ta	ans portation	- LLC	
3. State of Formation	4. Brief de	scription of the c	haracter of business conducted	d in Rhode Island	
RI		Tax	· /		
5. Principal Office Address			City is a first from a con-	State	Zip
PO BOX 311082			Vamaica	NY	11431
6. Mailing Address of Limit			r Title of Contact Person		
Contact Name SHEN	KH HUS.	SAIN	Contact Title		<u> </u>
Street Address P.o Box 311082			City Sermaia	Ca State Ny	Zip //43/
7. List ALL managers (nar	mes and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST N	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	··· • • • • • • • • • • • • • • • • • •	<del></del>	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<b>I</b>		C	heck the box to indicate	an attachment
8. Resident Agent in Rhod	e Island This inform	nation is currently o	of record in the Department of State	e. Changes require filing F	orm 642
	, I declare and afi	firm that I have	examined this report, includi		
Name of Authorized Perso	n ,		And the second s	Date /	
SHEIKH	HUSSAIN			5/9	12016
Signature of Authorized Pe	erson	0.00			- <u>- , </u>
Milhall Ilan		SIGN DO	DCUMENT HERE		

MAY 0 9 2016