State of Rhode Island and Pro Department of State -	Business Services Division
Annual Report for the year: Limited Liability Company	2016

→ Filing period: September 1 - November 1
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number		2. Exact name of the Limited Liability Company					
001007654	Central	Central Transport LLC					
3. State of Formation	4. Brief d	4. Brief description of the character of business conducted in Rhode Island					
RI		Trucking Transportation					
5. Principal Office Address		<del></del>		City	State	Zip	
12225 Stephens Rd				Warren	Mí	48089	
6. Mailing Address of Limited	d Liability Comp	any and Name	or Title	of Contact Person			
Contact Name Matthew Tzafarogiou				Contact Title Sr. Indirect Tax Analyst			
Street Address 12225 Stephens Rd				<sup>City</sup> Warren	State MI	<sup>Zip</sup> 48089	
7. List ALL managers (name	s and addresse	s) of the Limite	ed Liabi	ility Company, IF APPLICA	ABLE - DO NOT LIST M	/EMBERS	
Manager Name				Manager Name			
Street Address				Street Address			
Citv	State	Zir		City	State	Zip	
Manager Nam				Manager Name			
Street Address				Street Address			
City yar	Sta'	Zir	9	City	State	Zip	
					Check the box to in	dicate an attachment	
8. Resident Agent in Rhode Is	sland. This inforr	nation is currently	y of reco	ord in the Department of State	e. Changes require filing F	orm 642	
Under penalty of perjury, I o statements, and that all stat	declare and aff	irm that I have	e exam	ined this report, including	ng any accompanying	schedules and	
Name of Authorized Person					Date		
Kevin Kalczynski					8-3	1-16	
Signature of Authorized Person		SIGN	DOC	LWENTHERE			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OV

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