

Annual Report for the year: _______ 2016 CCT 1 1 PM 1: 28 **Limited Liability Company**

→ 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 941857	2. Exact name of the Limited Liability Company SEVTC LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
48-49 - Transportation and Wa	Transportation and logistics				
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
56 Pine Street, Suite 700			Providence	RI	02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Steven P. DeLuca			Contact Title Manager		
Street Address 56 Pine Street, Suite 700			City Providence	State RI	^{Zip} 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Steven P. DeLuca			Manager Name		
Street Address 56 Pine Street, Suite 700			Street Address		
City Providence	State RI	^{Zip} 02903	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Steven P. DeLuca				10-	7-16
Signature of Authorized Person March SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

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

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