

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: <u>2016</u> Limited Liability Company

216 R.I. DE PILOP ST. EVE EVE DE

RECEIVED
R.I. DEPILOF STATE
EVEL STOODIV

2016 OCT 25 PM 2: 31

→ 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 to Number 2. Exact name of the Limited Liability Company 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 4. Brief description of the character of business conducted in Rhode Island 5. State of Formation 6. Principal Office Address 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name City Cuty Cuty City Cuty City Cuty City Cuty City Cuty City City State City 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 842. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all stagments contained herein are true and correct. Name of Authorized Person Signature of Authorized Person City Check the box to indicate and statements of State. Changes require filing Form 842. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all stagments contained herein are true and correct. Name of Authorized Person Signature of Authorized Person		1					
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 5. State of Formation 6. Principal Office Address City 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Name City City State City Sta	1. Entity ID Number 2. Exact name of the Limited Liability Company						
5. State of Formation 6. Principal Office Address State State City AUR City Contact Person Contact Name Contact Name City City City City State City City City State Check the box to indicate an attachment Onder 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 City A Date	940354	40084 LIMA'S Transit LLC					
6. Principal Office Address City State 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name City State 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 Changes require filing Form 642. Date	3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
6. Principal Office Address City State 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name City State 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 Changes require filing Form 642. Date	1 48-49	delivering.					
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title City Street Address Manager Name Street Address 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	5. State of Formation	f Formation					
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title City Street Address Manager Name Street Address 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	1 1/1		U				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title City Street Address Manager Name Street Address 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	6. Principal Office Address	<u> </u>		City	State	7in	
Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Manager Name 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	88 Low	100	Aue	Prioticker	RT	02861	
Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip City State Zip 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	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City State Zip Manager Name 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	L COULD LIMA			Contact Title OWDET			
Manager Name Street Address City State Zip City Manager Name Manager Name 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	88 LONDON AUR HOLD FULL					$(\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A})$	
Street Address City State Zip City State Zip 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	8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
City State Zip City State Zip Manager Name 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	Manager Name			Manager Name			
Manager Name 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	Street Address			Street Address			
Street Address 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	City	State	Zip	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	Manager Name			Manager Name			
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	Street Address			Street Address			
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	City	State	Zip	City	State	Zip	
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		<u> </u>	<u> </u>	Ch	eck the box to inc	licate an attachment	
Name of Authorized Person Output Date Date							
Uctavio (1MA 10125/16	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						
Signature of Authorized Person							
LICUTO 11VC							

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

OCT 25 2016

BY CM 286864