Annual Report for the year: 2016
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	2 Event n	ama af tha Limit	ad Liability Commons	=		
994331	2. Exact name of the Limited Liability Company					
	Shuttle Solutions, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
	Transportation					
5. State of Formation						
Ri						
6. Principal Office Address	<u> </u>		City	State	Zip	
248 Allens Avenue			Providence	RI	02905	
7. Mailing Address of Limited Li	ability Compa	any and Name o		- <u>.</u> .		
Contact Name Michael B. King			Contact Title Member	Contact Title Member		
Street Address 117 Plantations Drive			City Cranston	State RI	^{Zip} 02920	
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	Check the box to it	ndicate 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						
ANTHOOY S, FE			11/8/16			
Signature of Authorized Person						
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 FILED @

NOV 1 0 2016

BY 6006