



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000155329

2. Exact Name of the Limited Liability Company R.J. Corman Railroad Trust Company, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 81

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NONE

5. Principal Office Address

No. and Street: 110 NORTH MAIN STREET
City or Town: NICHOLASVILLE State: KY Zip: 40356 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DAVID R. IRVIN Contact Title: ATTORNEY AT LAW
No. and Street: 110 NORTH MAIN STREET
City or Town: NICHOLASVILLE State: KY Zip: 40356 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOHN MORRIS	110 NORTH MAIN STREET NICHOLASVILLE, KY 40356 USA
MANAGER	SHAWNA ASHLEE BRAMBLETT	110 NORTH MAIN STREET

		NICHOLASVILLE, KY 40356 USA
MANAGER	APRIL CORMAN COLYER	110 NORTH MAIN STREEET NICHOLASVILLE, KY 40356 USA
MANAGER	SANDRA ADAMS	110 NORTH MAIN STREET NICHOLASVILLE, KY 40356 USA
MANAGER	JAY RICHARD CORMAN	110 NORTH MAIN STREET NICHOLASVILLE, KY 40356 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DAVID T. RIEDEL ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR
PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of November, 2016 at 12:59:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID R. IRVIN
Signature of Authorized Person

Form No. 632
Revised 09/07

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