



State of Rhode Island  
and Providence Plantations  
Department of State – Business Services Division

148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*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.

1. ID No. <b>128395</b>		2. Exact name of the limited liability company <b>Carl Joyce Transport, LLC</b>			3. NAICS Code	
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>transport services</b>					5. State of Formation <b>Rhode Island</b>	
6. Principal office address <b>19 Cole Street</b>			City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	
<b>7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>						
Contact Name <b>Carl Joyce</b>			Contact Title <b>Member</b>			
Street Address <b>19 Cole Street</b>			City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	
<b>8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENTS. (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<b>9. RESIDENT AGENT IN RHODE ISLAND</b>						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11						

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

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.

**FILED**

File Date **DEC 12 2016**

Check No. **1740116529**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

**FILED**

Signature of Authorized Person

**12-5-16**  
Date

DEC 1 2016

**Carl Joyce, Member**

By: \_\_\_\_\_  
Print or Type Name of Authorized Person