



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 23089		2. Exact name of the Corporation L.P. Transportation			
3. Principal Office Address 54 Brookside Avenue, P.O. Box 489			City Chester	State NY	Zip 10918
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island Transportation of property by motor vehicle.			
5. State of Incorporation New York					
7. LIST ALL OFFICERS (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Palmer			Vice-President Name Mary Talmadge		
Street Address 54 Brookside Avenue			Street Address 54 Brookside Avenue		
City Chester	State NY	Zip 10918	City Chester	State NY	Zip 10918
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Palmer			Director Name Mary Talmadge		
Street Address 54 Brookside Avenue			Street Address 54 Brookside Avenue		
City Chester	State NY	Zip 10918	City Chester	State NY	Zip 10918
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			105	Common	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Christopher Palmer				Date 2/6/17	
Signature of Authorized Representative 					

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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