State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year:   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.	

Entity ID Number	2. Exact name of the Limited Liability Company						
100 1545	G & G TRANPORTATION, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
81 5							
5. State of Formation	TRUCKING						
RI							
6. Principal Office Address			City	State	Zip		
42 PARK ST - APT. D4	- APT. D4			RI	02860		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name WILSON WILLIAMS  Contact Title MANAGER							
Street Address 42 PARK ST - APT. D4 City PAWTUCKET			State RI	<sup>Zip</sup> 02860			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Manager Name							
Street Address	reet Address			Street Address			
City	State	T <sub>zja</sub>	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		# - <b>-</b>	C	heck the box to ind	icate 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	Date			
WILSON WILLIAMS				01/22/201	01/22/2017		
Signature of Authorized Person							

## 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 FEB 1 0 2017

FORM 632 - Revised: 08/2016