



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2015

## 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.

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|   |       |  |                       |
|---|-------|--|-----------------------|
| 1. Entity ID Number<br><b>793434</b>  |       | 2. Exact name of the Limited Liability Company<br><b>PARAGON TRANSPORT LLC.</b>                      |                       |
| 3. NAICS Code<br><b>81</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>LOCAL TRUCKING</b> |                       |
| 5. State of Formation<br><b>RI</b>  |       |  |                       |
| 6. Principal Office Address<br><b>152 WEBSTER TRL</b>   |       | City<br><b>WAKEFIELD</b>   | State<br><b>RI</b>    |
|   |       | Zip<br><b>02879</b>  |                       |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                       |
| Contact Name<br><b>LOUIS R. PELTON</b>  |       | Contact Title<br><b>OWNER</b>  |                       |
| Street Address<br><b>152 WEBSTER TRL</b>  |       | City<br><b>WAKEFIELD</b>   | State<br><b>RI</b>    |
|   |       | Zip<br><b>02879</b>  |                       |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                       |
| Manager Name  |       | Manager Name   |                       |
| Street Address  |       | Street Address   |                       |
| City  | State | Zip  | City                  |
|   |       |  |                       |
| Manager Name  |       | Manager Name   |                       |
| Street Address  |       | Street Address   |                       |
| City  | State | Zip  | City                  |
|   |       |  |                       |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                       |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                       |
| <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.</b> |       |  |                       |
| Name of Authorized Person<br><b>Louis R. Pelton</b>   |       |  | Date<br><b>3/3/17</b> |
| Signature of Authorized Person<br><i>[Signature]</i>  |       |  |                       |

## 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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By *[Signature]* C14602950

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