RI SOS Filing Number: 201737282710 Date: 3/3/2017 1:37:00 PM

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State of Rhode Island a  Department of St			es Division		
Annual Report for the y	ear: 21	014			
imited Liability Compa	اnv <u>حکر </u>	<u> </u>		76. 78. 78.	2 -
→ Filing period: September 1 - November 1					
→ Filing Fee: \$50.00					
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					S P P
1. Entity ID Number	2. Exact name of the Limited Liability Company				No Marie
7921/34	PARAGON TRANSPORT LLC.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81	LOCAL				
	TRUCIONG				
5. State of Formation					
<u> </u>			City	State	Zip
6. Principal Office Address					
152 WERSTER TRE			MOKEDELD	<u> </u>	<u>ज्यक्षाव</u>
7. Mailing Address of Limited Lia	bility Compar	y and Name or			<del></del>
Gontact Name			Contact Title		
Street Address			City	State	Zip
157 WESSTERTRL			WORDFIELD	12.7	02879
8. List ALL managers (names a	nd addresses)	of the Limited L		BLE - DO NOT LIST	MEMBEK2
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
				Check the box to	indicate an attachment
9. Resident Agent in Rhode Isla	ınd. This inform	ation is currently o	f record with the Department of Sta	ate. Changes require filir	ng Form 642.
Under penalty of periury, I de	clare and affi	rm that I have e	examined this report, includir	ng any accompanyin	g schedules and
statements, and that all statements contained herein are true and correct.  Name of Authorized Person					
Larsk- Eiger					7
Signature of Authorized Person				•	
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEL

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By & C 1 4602950

FORM 632 - Revised: 08/2016