State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014 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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Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
789297	Grea	Creat Shipping and Postal Service Ce C					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
5 48-49	7	1	100				
5. State of Formation	□ Ship	ping 9	postal Service				
RT		0	V				
6. Principal Office Address		_	City	State	Zip		
S17 Dexter St.			C.F.	R.I	02863		
7. Mailing Address of Limite	ed Liability Compa	ny and Name	or Title of Contact Person	'			
Contact Name Henry Osorio			Contact Title	Contact Title Owner			
Street Address 130 Butler Ave #2			City C.F.	State p T	Zip 02863		
			d Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name Henry			Manager Name	Λ.	<u> </u>		
Street Address		Street Address					
SAME				SAME			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode	Island. This inform	ation is currently	of record with the Department of Sta	ate. Changes require filin	g Form 642.		
Under penalty of perjury, I statements, and that all sta	declare and affi atements contai	rm that I have ned herein are	examined this report, including true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person	\bigcirc			Date	/ /		
Henry C	Sorio			31	7/17		
Signature of Authorized Pers	son						
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				FILED 3:0	00pm		
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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 MAR 0 7 2017

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