



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
 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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 BUS SVCS DIV

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1. Entity ID Number <u>12903P</u>		2. Exact name of the Limited Liability Company <u>Maxport, LLC</u>	
3. NAICS Code <u>48-49</u>		4. Brief description of the character of business conducted in Rhode Island <u>Transportation / Livery service</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>4285 Post Road</u>		City <u>E. Greenwich</u>	State <u>RI</u>
		Zip <u>02818</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Christopher T. Maxwell</u>		Contact Title <u>Owner/Manager</u>	
Street Address <u>Same</u>		City	State
		Zip	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Christopher T. Maxwell</u>		Manager Name	
Street Address <u>Same</u>		Street Address	
City <u>E. Greenwich</u>	State <u>RI</u>	City	State
	Zip <u>02818</u>		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
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.			
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 <u>Christopher T. Maxwell</u>		Date <u>4/27/17</u>	
Signature of Authorized Person <u>[Signature]</u>		SIGN DOCUMENT HERE	

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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