RI SOS Filing Number: 201746962610 Date: 6/30/2017 1:55:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division				FILED	
	rear: 2 any 1 - November fee if form is n 2. Exact name MAD TRANSE	2015  1  of filed by Decement of the Limited Lia	JI BY <u>Q</u> Jober 1.		R.I. DEPT. OF STATE BUS SVCS DIV
48-49 - Transportation and 5. State of Formation RI	TRATOR TRA				
6. Principal Office Address 826-828 BROAD ST			City PROVIDENCE	State RI	Zip 02907
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Contact Person		
Contact Name MARTIN A. DURAN			Contact Title OWNER		
Street Address SAME AS ABOVE			City	State	Zip
8. List ALL managers (names an	nd addresses) of	f the Limited Liabil	ity Company, IF APPLICABLE	- DO NOT LIST ME	MBERS
Manager Name ,			Manager Name		
Street Address			Street Address		
City	Sta <sup>†</sup>	Zir	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 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	· · · · · · · · · · · · · · · · · · ·
MARTIN A DURAN				06/30/2017	7

## MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

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

marten a suran

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