



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. ID No. 000119248

2. Exact Name of the Limited Liability Company UNI-TRANS TRANSPORTATION, L.L.C.

3. State of Formation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code 48-49

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

COMMON CARRIER -SCHEDULE PICKUP AND DELIVERY OF COMMERCIAL FREIGHT

5. Principal Office Address

No. and Street: 570 WEST IRONSTONE ROAD
City or Town: BURRILLVILLE State: RI Zip: 02830 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: SCOTT VARGAS Contact Title:
No. and Street: 570 WEST IRONSTONE ROAD
City or Town: BURRILLVILLE State: RI Zip: 02830 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	EMILE J GIGURE JR.	17 ROCCO DRIVE BLACKSTONE, MA 01504 USA

MANAGER

SCOTT VARGAS

224 HIGH ST.
MANVILLE, RI 02838 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SCOTT VARGAS 224 HIGH STREET MANVILLE , RI 02838

Signed this 17 Day of July, 2017 at 11:41:54 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SCOTT VARGAS
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 17, 2017 11:41 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

