

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014 Limited Liability Company

R.I. DEPT. OF STATE STATE BUS SVCS DIV

2017 SEP 15 PM 3: 04

→ Filing period: September 1 - November 1

→ Filing Fee. \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Eyest name	o of the Limited Li	THE C.		
998098	2. Exact name of the Limited Liability Company WILDU TRANSPORT, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
H8 -49	Public Transportation				
5 State of Formation					
6. Principal Office Address 186 Keeley Ave			Warwick	State	02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILSON ALLRU			Contact, Title Manager		
Street Address 186 Keeley Mve			Use Wich	State	7:02886
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
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 WILSUN DWY				Date	15-17
Signature of Authorized Person WUSUN DUM					

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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