State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
001338592	26 LOGISTICS LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
484121	TRUCKING						
5. State of Formation							
R.i.							
6. Principal Office Address		2 4	City	State	Zip - 0.00		
125 GOTT AVE, APT. 4301			PAWTUCKET	尺./.	02860		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name OVIDIU GROZA			Contact Title OWNER				
Street Address GOTT AVE, APT. 4301			CHYPAWTUCKET	State A.1.	^{Zip} 02860		
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	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Ζıρ		
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 / /							
ovibin GROZA 09/12/2017							
Signature of Authorized Person							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED SEP 18 2017

FORM 632 - Revised: 08/2017