State of Rhode Isl	and and Providence	re Plantations			
/62\	of State - Bus		ices Division		·
apot.	_) 02 / -7		ture e	STAMP
Annual Report for the		<u> </u>		201	₽
Limited Liability Co → Filing period, Septer	• •	ner 1		90	BU
→ Filing Fee: \$50.00					SEES.
→ Penalty: Additional \$:	25.00 fee if form i	s not filed by De	ecember 1.	<u> </u>	VCS OF EIVE
1. Entity ID Number			d Liability Company	3	D D D
79/156)FC		<u> </u>	
3. NAICS Code 5 3 ///0	4. Brief des	cription of the ch	naracter of business conducted HOLDI N G	in Rhode Island	,
5 State of Formation					
6. Principal Office Address 4 T POVN	D Pel		CHEPACHE	State	ZIP 02814
7. Mailing Address of Limit	ed Liability Compa	iny and Name or			
CONTRANSPORT RDU QUETTE			Contact Title NBER CIRCHERALAET State PT Zip 2914		
Street Address	pad		ce Hepalaei	State	zip 2814
	nes and addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State.	Zip
	1	<u> </u>		Check the box to in	dicate an attachment
9. Resident Agent in Rhode	e Island. This inforn	nation is currently (of record with the Department of Si	ate. Changes require filing	Form 642
Under penalty of perjury, statements, and that all s	I declare and affi statements contai	irm that I have o ined herein are	examined this report, includi true and correct.	ng any accompanying	schedules and
Name of Authorized Person				Date	,
ROCER	R DV QU	e172		10/6/	//>
Signature of Authorized Pe			L BOOLINENT LIESS	-	
HSQ KL	Jogur All	SIGN	I DOCUMENT HERE		
- 	9				
					,

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 9:04

OCT 0 6 2017

BY Cu 3 14229