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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 OCT 11 AM 11: 05

Annual Report for the year: **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	Entity ID Number 2. Exact name of the Limited Liability Company					
1658690						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
483111	Shipment of used Cars and personal effects For customers to Liberia					
5 State of Formation	Tac contains to hipping					
<u> </u>						
6. Principal Office Address /30	660018	e street	Pawfucket	State	Zip	
				14	00860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name RUDOLDH KAMARY			Contact Title CEO			
Street Address 136 Garse St # 11			"pawfue Kel	State /2 (Zip 0 2 8 6 0	
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	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Žip	
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 RYDOLPH KAMARY 10/11/2017						
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 OCT 1 0 2017

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