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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.

FREIGH FO	WARDING	City PROVIDENCE	Rhode Island		
		1 '	State		
		PROVIDENCE	RI	Z <sub>I</sub> p <b>02905</b>	
	and Name or Tit	le of Contact Person	•	,	
Contact Name RAFAEL A. SANTANA			Contact Title SOLE MBR		
Street Address 933 BROAD ST		City PROVIDENCE	State RI	<sup>Zip</sup> <b>02905</b>	
nd addresses) (	of the Limited Lial	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name FRANCIA G. SANTANA			Manager Name		
Street Address 23 CENTRAL AVE.			Street Address		
State NJ	<sup>Zip</sup> 07644	City	State	Zip .	
-L	-1	Manager Name	<u>L</u>		
Street Address		Street Address			
State	Zip	City	State	Zip	
		1	Check the box to	indicate an attachment	
nd, This informat	on is currently of re	ecord with the Department of State	. Changes require filir	ng Form 642.	
			any accompanyin	ng schedules and	
			Date		
RAFAEL A. SANTANA				10/19/2017	
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	nd addresses) of ANTANA  VE.  State NJ  State  State and affirm	NTANA  Ind addresses) of the Limited Liab  ANTANA  VE.  State NJ  Zip 07644  State Zip  Ind. This information is currently of reclare and affirm that I have examents contained herein are true.	City PROVIDENCE  Ind addresses) of the Limited Liability Company, IF APPLICABL  Manager Name  Street Address  City  Manager Name  Street Address  Street Address  Street Address  City  Manager Name  Street Address  City  City  Manager Name  City  Manager Name  Street Address  City	Contact Title SOLE MBR  City PROVIDENCE  State RI  Ind addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST  Manager Name  VE.  State NJ  Zip 07644  City  State  Street Address  State  State  Zip  City  State  Check the box to  Ind. This information is currently of record with the Department of State. Changes require filled clare and affirm that I have examined this report, including any accompanying ments contained herein are true and correct.  Date  10/19/2	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

OCT 23 2017