



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**Annual Report for the year.
Limited Liability Company**

2017

→ 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 1661901		2. Exact name of the Limited Liability Company ALTERNATIVE TRANSPORTATION SYSTEMS LLC	
3. NAICS Code 926120		4. Brief description of the character of business conducted in Rhode Island PASSENGER TRANSPORTATION SERVICES TO VA HOSPITAL	
5. State of Formation MA			
6. Principal Office Address 9 ADLEY CT		City ARLINGTON	State MA Zip 02476
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name STEVE SKIFFINGTON		Contact Title C.O.O.	
Street Address 9 ADLEY CT		City ARLINGTON	State MA Zip 02476
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Edward J Farrell Jr		Manager Name	
Street Address 16 Evergreen AVE		Street Address	
City Burlington	State MA	Zip 02138	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
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 DOUG GIRON - RESIDENT AGENT SKIFFINGTON		Date 10/30/17	
Signature of Authorized Person <i>[Signature]</i>			

MAIL TO:

Division of Business Services

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

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