




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.


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|   |       |  |                               |                         |                 |
|---|-------|--|-------------------------------|-------------------------|-----------------|
| 1. Entity ID Number<br><b>112521</b>  |       | 2. Exact name of the Limited Liability Company<br><b>TRANS-LINK, LLC</b>   |                               |                         |                 |
| 3. NAICS Code<br>48-49 - Transportation and Wa  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>ARRANGING TRANSPORTATION FOR GOODS</b> |                               |                         |                 |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       | <b>112410.</b>   |                               |                         |                 |
| 6. Principal Office Address<br><b>1249 OAKLAWN AVENUE</b>   |       |  |                               |                         |                 |
|   |       | Zip<br><b>02920</b>  |                               |                         |                 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                               |                         |                 |
| Contact Name <b>D. JOSEPH D'AMICO</b>   |       |  | Contact Title <b>ATTORNEY</b> |                         |                 |
| Street Address <b>728 VALLEY STREET</b>   |       |  | City <b>PROVIDENCE</b>        |                         | State <b>RI</b> |
|   |       |  | Zip <b>02908</b>              |                         |                 |
| 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                   | 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.   |       |  |                               |                         |                 |
| <b>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.</b> |       |  |                               |                         |                 |
| Name of Authorized Person<br><b>CARLA MANNI</b>   |       |  |                               | Date<br><b>10/25/17</b> |                 |
| Signature of Authorized Person  <b>SIGN DOCUMENT HERE</b>  |       |  |                               |                         |                 |

**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**

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