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DLL T 4. Brief des	ransport,	aracter of business conducted in Rh	hode Island	CEIVED TOF STATE SVCS DIV
4. Brief des	scription of the cha	aracter of business conducted in Rh	hode Island	<u>.</u>
	•		hode Island	- - 2. •
		City	State	Zip
1 Willard Street		North Providence	RI	02904
iability Compa	ny and Name or T	Title of Contact Person		
eniere		Contact Title Member		
Street Address 1 Willard Street		City North Providence	State RI	^{Zip} 02904
and addresses	s) of the Limited Li	ability Company, IF APPLICABLE	- DO NOT LIST N	MEMBERS
Manager Name		Manager Name		
Street Address		Street Address		
State	Zíp	City	State	Zip
Manager Name		Manager Name		
Street Address		Street Address		
State	Zip	City	State	Zip
<u>l</u>		C	heck the box to in	ndicate an attachment
and. This inform	nation is currently of	record with the Department of State. C	hanges require filin	g Form 642.
			y accompanying	g schedules and
			Date /	/
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	eniere et and addresses State State State and. This informeclare and affi	eniere et and addresses) of the Limited Li State Zip State Zip and. This information is currently of eclare and affirm that I have exements contained herein are transport.	North Providence Liability Company and Name or Title of Contact Person Contact Title Member City North Providence and addresses) of the Limited Liability Company, IF APPLICABLE Manager Name Street Address State Zip City Manager Name Street Address City Manager Name City Manager Name Street Address City Company of the Limited Liability Company, IF APPLICABLE Manager Name Street Address City Company of the Limited Liability Company, IF APPLICABLE Manager Name Street Address City Company of the Limited Liability Company, IF APPLICABLE Manager Name Street Address City Company of the Limited Liability Company, IF APPLICABLE Manager Name Street Address City Company of the Limited Liability Company, IF APPLICABLE Manager Name Street Address City Company of the Limited Liability Company, IF APPLICABLE Manager Name Street Address City Company of the Limited Liability Company, IF APPLICABLE Manager Name Street Address	North Providence RI Liability Company and Name or Title of Contact Person Contact Title Member City North Providence Enter City North Providence State RI And addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST Member Street Address State Zip City State Manager Name Street Address Street Address Street Address Check the box to it and. This information is currently of record with the Department of State. Changes require filling the clare and affirm that I have examined this report, including any accompanying the ments contained herein are true and correct. Date Date

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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