RI SOS Filing Number: 201855678220 Date: 1/5/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: <u>20/7</u> 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	2. Exact name of the Limited Liability Company					
581918	Coast to Coast Transfer, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
812210	TRANSPORTATION OF Human Remains					
5. State of Formation	IKUISPORTATION OF OHUMAN Kemains					
Rhode Island		<u></u>		<u> </u>		
6. Principal Office Address			City	State	Zip	
197 North Main Street			North Smithfield	RI	02894	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Samara A. Ricci			Contact Title			
Street Address 197 North Main Street			North Smithfield	State RI	Zip 02894	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name N/A			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					
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				Date		
Jamara A. Ricci				12/12	12017	
Signature of Authorized Person Sign DOCUMENT HERRICCI						

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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