



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 02 2018

BY 287131

1. Entity ID Number 000507945		2. Exact name of the Corporation TLCARRIER, INC			
3. Principal Office Address PO BOX 58			City EAST GREENWICH		State RI
			Zip 02818		
4. NAICS Code 492110		6. Brief description of the character of business conducted in Rhode Island COURIER SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name NONE			Vice-President Name MARGARET R. KILLEA		
Street Address NONE			Street Address 34 PAULA DRIVE		
City NONE	State NONE	Zip NONE	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name NONE			Treasurer Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100.00		STK	\$0.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative MARGARET R. KILLEA				Date 02/27/2018	
Signature of Authorized Representative <i>Margaret R. Killea</i> SIGN DOCUMENT HERE					

MAIL TO:
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Website: www.sos.ri.gov