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2018 1:1.R 28 PM 281205411

Annual Report for the year: 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				
110502345	AIL	All Transports, LLC				
3. NAICS Code	4. Brief descrip	Brief description of the character of business conducted in Rhode Island				
1492110	Carre	Carriers & express Somuces.				
5. State of Formation	1	, 1,23				
RI						
6. Principal Office Address			City	State	Zip	
1528 MINERAL SPINELY ave			1 NPW	1 (II	0404.	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Climens Espiral			Contact Title OWNER			
Street Address Charles St.			City N. Prov	State	zip 2904	
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						
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 3 28 18						
Signature of Authorized Person						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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