

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

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Annual Report for the year: 201 8
Limited Liability Company

2018 MAY 30 PM 12: 33

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company			
988109	Royalty Transport & Antosales LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
485999	V		. 0	$\sim$ $ $
5. State of Formation	Non Em	gercy Med	(a)	transportar
RI		8 ) ,		
6. Principal Office Address	•	City	State	Zip
34 Mollay Speet		Provider ce	RI	02908
7. Mailing Address of Lighted Liability Company and Name or Title of Contact Person				
Contact Name Lahmoh Ofur,		Contact Title CE()		
Street Address 34 Mollon Sheat		City Prov	State R	Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name Fatimon ofur		Manager Name		
Street Address 34 Molloy Str		Street Address		
City Prov	State R 1 02908	City	State	Zip
Manager Name EMMar	wel Ajayi	Manager Name		
Street Address 10 Russo Street		Street Address		
ciry Providence	State R 1 Zip 02984	City	State	Zıp
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				
Fath	,	5.30	0.18	
Signature of Authorized Person				
SIGN DOCUMENT HERE				

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 C

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