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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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
1332548	ME Truns Porta Tion 11c						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
484110							
5. State of Formation							
RI	Delivery						
6. Principal Office Address			City	State	Zip		
74 BelleVue Ave			Providence	RI	02907		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
MARIO L. Eduardo			Contact Title EUNEY City ROVIdence State RI Zip 02989				
Street Address 7 BuRP		ST	city Providence	State	Zip 0 3 9 9		
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	Zıp	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	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			
Mario L. Eduardo							
Signature of Authorized Person SEGN DOCUMENT HERE							
941							

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 AUG 3 1 2018

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