

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.

20	-c.) tur (\);	
물	COR COR	
AUG	PP P	
ം പ	当天門	
<u></u>		
7>	TIONS TIONS	
X		
=	97 77 77	
ယ	74	

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							
State of Formation Delivery							
							
6. Principal Office Address			City	State	Zip		
74 Bellevue Ave			Providen	ee RI	02907		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
MARIO L. Eduardo			Contact Title Owner City ROVIdence State T Zip 02928				
Street Address 7 BuR ROWS ST					Zip 0 3 9 9		
8. List ALL managers (names and addresses) of the Limited Liability Company, 1F 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						
Mario L. Educido							
Signature of Authorized Person							
HISH TOQUUMENT HEP							

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 411:38

BY On ACGHV