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

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Annual Report for the year: 2017
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		
977397	Bras Transportation service LLC.		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
485999			
5. State of Formation			
RI	Transportation.		
6. Principal Office Address	City	State	Zip
11 Morris Ave	Pawtucket	RI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: FLAVIO Bras	Contact Title: owner		
Street Address: 11 Morris Ave.	City: Pawtucket	State: RI	Zip: 02860

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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
FLAVIO BRAS	09/04/18
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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BY CG922
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FORM 632 - Revised: 10/2017