



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001668969

2. Exact Name of the Limited Liability Company TRANSITWORKS, LLC

3. State of Formation

State: OH

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

336211

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

UPFITTING OF VEHICLES, LIGHT TRUCKS, VANS AND UTILITY VEHICLES FOR SAFER, MORE FLEXIBLE AND MORE EFFICIENT SOLUTIONS TO MOVING PEOPLE INCLUDING HANDICAPPED ACCESSIBLE VEHICLES AND EQUIPMENT.

5. Principal Office Address

No. and Street: 1090 WEST WILBETH ROAD

City or Town: AKRON

State: OH Zip: 44314 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JULIE K. JABLONOWSKI Contact Title: COMPLIANCE COORDINATOR

No. and Street: 4199 KINROSS LAKES PARKWAY

SUITE 300

City or Town: RICHFIELD

State: OH Zip: 44286 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	DENNIS SUMMERS	4199 KINROSS LAKES PKWY RICHFIELD, OH 44286 USA
MANAGER	MARK MINATEL	4199 KINROSS LAKES PARKWAY, SUITE 300 RICHFIELD, OH 44286 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of September, 2018 at 9:55:39 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By JULIE K. JABLONOWSKI
Signature of Authorized Person

Form No. 632
Revised 09/07

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