



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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2018 NOV -2 PM 1:32

**Annual Report for the year:** 2018  
**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 <b>001676656</b>		2. Exact name of the Limited Liability Company <b>CELESTE TRANSPORTATION SERVICES LLC</b>			
3. NAICS Code <b>485310</b>		4. Brief description of the character of business conducted in Rhode Island <b>NON EMERGENCY TRANSPORT SERVICES</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>80 BUCKLIN STREET</b>		City <b>PAWTUCKET</b>		State <b>RI</b>	Zip <b>02861</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>SILAS OSOBAJO</b>			Contact Title <b>OWNER</b>		
Street Address <b>80 BUCKLIN STREET</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>					
Manager Name <b>Silas Osobajo</b>			Manager Name <b>Morenike Adeayo</b>		
Street Address <b>80 Bucklin Street</b>			Street Address <b>80 Bucklin Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>SILAS OSOBAJO</b>				Date <b>10/26/2018</b>	
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](http://www.sos.ri.gov)

**FILED**

NOV 02 2018

BY MA G9DQD