



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

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2018 NOV -9 AM 9:50

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<br><u>001338574</u>  |       | 2. Exact name of the Limited Liability Company<br><u>Ticket Transport LLC</u>                 |                    |
| 3. NAICS Code<br><u>485999</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Courier</u> |                    |
| 5. State of Formation<br><u>RI</u>   |       |   |                    |
| 6. Principal Office Address<br><u>224 Waverly St</u>   |       | City<br><u>Providence</u>   | State<br><u>RI</u> |
|  |       | Zip<br><u>02909</u>   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |                    |
| Contact Name<br><u>OSCAR TILLET</u>  |       | Contact Title<br><u>Manager</u>   |                    |
| Street Address<br><u>224 Waverly St</u>  |       | City<br><u>Providence</u>   | State<br><u>RI</u> |
|  |       | Zip<br><u>02909</u>   |                    |
| 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 | City  | State              |
| Zip  |       | Zip   |                    |
| Manager Name   |       | Manager Name  |                    |
| Street Address   |       | Street Address  |                    |
| City   | State | City  | State              |
| Zip  |       | 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.  |       |   |                    |
| 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<br><u>OSCAR TILLET</u>   |       | Date<br><u>9/13/17</u>  |                    |
| Signature of Authorized Person<br><u>Oscar A Tillet</u>  |       |   |                    |

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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