State of Rhode Island and Providence Plantations  Department of State - Business Services Division	2018 NOV 21	R.I. DEPT. OF BUS SVC
Annual Report for the year: 2017	AM 10:	AIG S VIQ S S DIA
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	02	m
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.	<del></del>	

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1. Entity ID Number	2. Exact name	of the Limited Lia		/ 1		
1256224	ZEE Transport Senices (ZTS) 22c					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
485310						
5. State of Formation		<u> </u>	1			
RI	1	ranspo	city Service	uS		
6. Principal Office Address			City	State	Zip	
381 Sundet Aven	<u>ue Buite</u>	1 1	North Pravid	end R1	02904	
7. Mailing Address of Limited Li	ability Company a	and Name or Title	of Contact Person			
Contact Name Zoquety Zlon			Contact Title Junes			
Street Address 3 & Sun	iset av	emu sité	Lity provide	I State	Zip 02904	
8. List ALL managers (names a	ind addresses) of	f the Limited Liabi	lity Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name Zoauuty Zeon Manager Name					-	
Street Address 3 PO 3	inseto	tue sit	Street Address			
North prove Lew	State R	ZIP 02904	City	State	Zip	
Manager Name		,	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			<del></del>	Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	and. This information	on is currently of re	cord with the Department of Sta	te. Changes require fi	ling Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and affirm ments containe	that I have exam d herein are true	mined this report, including and correct.	g any accompanyi	ing schedules and	
Name of Authorized Person				Date		
Loaumy	Zeon	ó		11/2	1/18	
Signature of Authorized Person	5 10	)		,		
	not s	¥			ED C	
7/	1 1		<del></del>			

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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