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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018 NOV 26 AM 11: 23

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Annual Report for the year: 20/8**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 Lie	hility Company		
	2. Exact name of the Limited Liability Company				
891123	NAJESTY TRANSPORT LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
621910					
5. State of Formation					_
RF	NON :	EMERGE	City ENEDICATE	- TRAN	is purtainen
6. Principal Office Address			City	State	Zip
				RF	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ABDYLRAHAMAN AILERY			Contact Title DIRECTOR		
Street Address 115 ROANDICE STREE			PROVIDENCE	State	Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name ABDULRAHAMAN AILERU			Manager Name		
Street Address 115 ROANOKE STREET			Street Address		
PROVIDENCE	State P.T	210 02908	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	1	Ch	eck the box to in	dicate 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					
ABDULRAH	AILER	24	11/26	118	
Signature of Authorized Person Abelul A					
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

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BY Ch 8JT9K