s s	tate of Rhode Island and Pro Office of the Secreta		S Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
		-	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>001674571</u>	<u>L</u>		
2. Exact Name of the Li	mited Liability Company <u>BAT Del</u>	ivery Services LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
•	Code that best describes the primary let information on <u>NAICS</u> can be found a		e entity. Download
<u>484110</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conducted	in Rhode Island
LOCAL DELIVERY OF			
	PARIS		
5. Principal Office Addre			
No. and Street: <u>67 1</u>		<u>I</u> Zip: <u>02888</u> (Country: <u>USA</u>
No. and Street: <u>67</u> City or Town: <u>WA</u>	ss PILGRIM DRIVE		·
No. and Street: <u>67 I</u> City or Town: <u>WA</u> 6. Mailing Address of Lin Contact Name: <u>BRIAN T</u> No. and Street: <u>67 F</u>	ss PILGRIM DRIVE ARWICK State: R nited Liability Company and Name RUSS Contact Title: OWNER PILGRIM DRIVE		·
No. and Street: <u>67 I</u> City or Town: <u>WA</u> 6. Mailing Address of Lin Contact Name: <u>BRIAN T</u> No. and Street: <u>67 F</u>	ss PILGRIM DRIVE ARWICK State: R nited Liability Company and Name RUSS Contact Title: OWNER	or Title of Contact Per	·
No. and Street: 67 I City or Town: WA 6. Mailing Address of Lir Contact Name: BRIAN T No. and Street: 67 F City or Town: WA	ss <u>PILGRIM DRIVE</u> <u>ARWICK</u> State: <u>R</u> nited Liability Company and Name <u>RUSS</u> Contact Title: <u>OWNER</u> <u>PILGRIM DRIVE</u> <u>RWICK</u> State: <u>RI</u> <u>Each Manager of the Limited Liab</u>	or Title of Contact Per Zip: <u>02888</u> C	son: Country: <u>USA</u>
No. and Street:67 ICity or Town:WA6. Mailing Address of LinContact Name:BRIAN TNo. and Street:67 FCity or Town:WA7. Name and Address of	ss PILGRIM DRIVE ARWICK State: R nited Liability Company and Name RUSS Contact Title: OWNER PILGRIM DRIVE RWICK State: RI Each Manager of the Limited Liab RS Individual Name	or Title of Contact Per Zip: <u>02888</u> C ility Company, if Applic Addre	son: Country: <u>USA</u> cable.
No. and Street: 67 City or Town: WA 6. Mailing Address of Lin Contact Name: BRIAN T No. and Street: 67 F City or Town: WA 7. Name and Address of DO NOT LIST MEMBER	ss <u>PILGRIM DRIVE</u> <u>ARWICK</u> State: <u>R</u> nited Liability Company and Name <u>RUSS</u> Contact Title: <u>OWNER</u> <u>PILGRIM DRIVE</u> <u>RWICK</u> State: <u>RI</u> <u>Each Manager of the Limited Liab</u> RS	or Title of Contact Per Zip: 02888 C ility Company, if Applic Address, City or Town, Sta	son: Country: <u>USA</u> cable.

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

BRIAN TRUSS 67 PILGRIM DRIVE WARWICK , RI 02888

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

Signed this 30 Day of November, 2018 at 7:16:28 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 BRIAN TRUSS

Signature of Authorized Person

Form No. 632 Revised 09/07

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