e e e e e e e e e e e e e e e e e e e	State of Rhode Island and Pro Office of the Secreta		50.0
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-30	40	
imited Liability Com	npany		
Annual Report Filing Period: September 1	- November 1		
	. 7-16-66(d), each limited liability com iin thirty (30) days after the time presc		
/6-66(b&c)) is subject to a			
ANNUAL REPORT YEAR:	: <u>2018</u>		
1. ID No. <u>00094185</u>	<u>7</u>		
2. Exact Name of the Li	imited Liability Company <u>SEVTC</u>	LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found	business conducted by the entity. Downlo online.	ad
<u>485999</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Islan	d
TRANSPORTATION A	AND LOGISTICS		
5. Principal Office Addre	<u>)</u> SS		
No. and Street: 56	5 PINE STREET		
	<u>UITE 700</u>		
City or Town:	ROVIDENCE State: <u>RI</u>	Zip: <u>02903</u> Country: <u>USA</u>	
	mited Liability Company and Name	or Title of Contact Person:	
6. Mailing Address of Li			
-			
Contact Name: <u>STEVEN</u>	N P. DELUCA Contact Title: MANAG	GER	
Contact Name: <u>STEVEN</u> No. and Street: <u>56 PIN</u>	<u>N P. DELUCA</u> Contact Title: <u>MANA(</u> <u>NE STREET, SUITE 700</u>	<u>GER</u> tate: <u>RI</u> Zip: <u>02903</u> Country: <u>US</u>	<u> </u>
Contact Name: <u>STEVEN</u> No. and Street: <u>56 PIN</u> City or Town: <u>PROV</u>	N P. DELUCA Contact Title: MANA(NE STREET, SUITE 700 /IDENCE S f Each Manager of the Limited Liak	tate: <u>RI</u> Zip: <u>02903</u> Country: <u>US</u>	<u>A</u>
Contact Name: <u>STEVEN</u> No. and Street: <u>56 PIN</u> City or Town: <u>PROV</u> 7. Name and Address of DO NOT LIST MEMBE	N P. DELUCA Contact Title: MANA(NE STREET, SUITE 700 /IDENCE S f Each Manager of the Limited Liak	tate: <u>RI</u> Zip: <u>02903</u> Country: <u>US</u> bility Company, if Applicable.	<u>A</u>
Contact Name: <u>STEVEN</u> No. and Street: <u>56 PIN</u> City or Town: <u>PROV</u> 7. Name and Address of	N P. DELUCA Contact Title: MANA(NE STREET, SUITE 700 /IDENCE S f Each Manager of the Limited Liak	tate: <u>RI</u> Zip: <u>02903</u> Country: <u>US</u>	

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

STEVEN P. DELUCA WIECK DELUCA & GEMMA INCORPORATED 56 PINE STREET, SUITE 700 PROVIDENCE , RI 02903

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 2:10:34 PM 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 <u>STEVEN P. DELUCA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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