

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.

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1. Entity ID Number	2 Exact name of	of the Limited Lia	hility Company				
4848 DH	2. Exact name of the Limited Liability Company						
101001	Werreuch Iransport UC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
1442110	Owner Operator Trucking						
5. State of Formation	Juckey						
RI							
6. Principal Office Address			City	State	Zip		
145 Donelson St			Providence	RI	02908		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Adi M. Ndiale			Contact Title Accounting				
Street Address 1915 Ocio 51			Woonsexket	State	202895		
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	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City ·	State	Zip		
Check the box to indicate 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  Adia M. Ndiaue  12.13-2018							
Signature of Authorized Person							

**FILED** 

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 3 1 2018