	S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00	
		Division Of Business	Services		
		148 W. River S			
		Providence RI 0290			
HOPE		(401) 222-30	40		
Limited Liability	Com	pany			
Annual Report Filing Period: Septen	nber 1	- November 1			
In accordance with R	2.1.G.L.	7-16-66(d), each limited liability com	bany failing or refusing		
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-					
16-66(b&c)) is subjec	ct to a	penalty fee of \$25.00.			
ANNUAL REPORT	YEAR:	<u>2019</u>			
1. ID No. <u>001683240</u>					
2. Exact Name of the Limited Liability Company <u>TriLiteral LLC</u>					
3. State of Formation					
State: <u>DE</u>					
		ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download					
•		e information on <u>NAICS</u> can be found	2	entity. Download	
<u>484110</u>					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
TRANSPORTATION MANAGEMENT, WAREHOUSING AND LOGISTICS SERVICES.					
5. Principal Office	Addre	SS			
		RANGE STREET	Stata: DE 7:- 10001	Country IIC A	
City or Town: <u>V</u>	VILIVI.	<u>INGTON</u>	State: <u>DE</u> Zip: <u>19801</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
	<u>191 N. WACKER DRIVE, STE 140</u> CHICAGO State: IL Zip: 60606 Country: USA				
City or Town: <u>C</u>	HICA	<u>60</u>	State: <u>IL</u> Zip: <u>60606</u>	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
Title		Individual Name	Address		
		First, Middle, Last, Suffix	Address, City or Town, State,	Zip Code, Country	

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 13 Day of August, 2019 at 12:23:25 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 MAUREEN KOPP

Signature of Authorized Person

Form No. 632 Revised 09/07

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