



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2015 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 000953857 | | 2. Exact name of the Limited Liability Company ENVIOS TRANS-CONTINENTALES LLC | | | | | | | | | |
| 3. NAICS Code 484110 | | 4. Brief description of the character of business conducted in Rhode Island International shipping, import-export, and freight services | | | | | | | | | |
| 5. State of Formation RI | | | | | | | | | | | |
| 6. Principal Office Address 634 PLAINFIELD STREET | | | | City PROVIDENCE | | State RI | | Zip 02909 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | | | | | |
| Contact Name SEAN R. DOHERTY, ESQ. | | | | | Contact Title REGISTERED AGENT | | | | | | |
| Street Address 634 PLAINFIELD STREET | | | | City PROVIDENCE | | State RI | | Zip 02909 | | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBER | | | | | | | | | | | |
| 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: <input type="checkbox"/> | | | | | | | | | | | |
| 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 ESTEBAN CRUZ | | | | | | | Date 07/29/2019 | | | | |
| Signature of Authorized Person <i>Esteban Cruz</i> | | | | | | | SIGN DOCUMENT HERE | | | | |

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MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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