| | State of Rhode Island and Providence Plantations | | | | |
|--|--|--|--|--|--|
| | State of Rhode Island and Providence Plantations Department of State - Business Services Division | | | | |

Annual Report for the year: 20:5
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 000953857 | | | | | | | |
|--|------------------|---------------------------------------|---|--------------------------------|-------------------|-------------|--|
| 3. NAICS Code USUNO | 4. Brief desc | cription of the ch | naracter of business conducted on a list in Police of Shi Police of Securices | in Rhode Island | rt- exp | ert, | |
| 5. State of Formation RI | and | freight | r Services | | | - | |
| 6. Principal Office Address | | | City | State | Zip | 14 mar 27-2 | |
| 634 PLAINFIELD STREET | | | PROVIDENCE | RI | 02909 | | |
| 7. Mailing Address of Limited Li | ability Compan | y and Name or | Title of Contact Person | | | | |
| Contact Name SEAN R. DOHER | TY, ESQ. | | Contact Title REGISTERE | Contact Title REGISTERED AGENT | | | |
| Street Address 634 PLAINFIELD | STREET I | | City PROVIDENCE | State RI | Zip 02909 | 7 0 | |
| 8. List ALL managers (names a | nd addresses | of the Limited I | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBER 😸 | 10 | |
| Manager Name | | | Manager Name | Manager Name US P | | | |
| Street Address | | | Street Address | (f) = d - | | | |
| City | State | Zip | City | State | Zip D | PIST | |
| Manager Name | | • | Manager Name | Manager Name | | | |
| Street Address | | · · · · · · · · · · · · · · · · · · · | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| | | | · | Check the box to | indicate an attac | hment [| |
| 9. Resident Agent in Rhode Isla | nd. This informa | ation is currently o | of record with the Department of Sta | | | | |
| Under penalty of perjury, I dec statements, and that all states | | | | g any accompanyin | g schedules an | d | |
| Name of Authorized Person | | | | | | | |
| ESTEBAN CRUZ | 07/29/2 | 019 | | | | | |
| Signature of Authorized Person EST-L Ce | ~~ | SIGN | N DOCUMENT HERE | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

AUG 27 2019

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