

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2005

Filing Period: Septem	iber 1 - November 1 💎 🔹	ANY ANNUAL Filing Fee: \$50.00	REPORT FOR TH	IE YEAR _	2003	
(FORM MUST BE TYPED O						
1. ID No. 140562	2. Exact name of the limited liability company Bianco Transportation, LLC					
3. State of Formation	4. Brief description of th	e character of the histness wh	ich is actually conducted in Rhode Is	land		
RHODE ISLAND	Trücki	$\cap G$				
18 Lawn Street			Providence	State 12	7 02908	
6. MAILING ADDRES	S OF LIMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PE	RSON:		
Fausto R. Blanco			Contact Title OWNER			
78 Lawn Street			Providence	state R	I 2402	
7. NAME AND ADDR	ESS OF EACH MANAGER	OF THE LIMITED LIABI	ILITY COMPANY, IF APPLIC	ABLE		
ı	FILL IN SPACES	BEFORE USING ATTAC		ATTACHMENT)	(2) / 7-16- 52	
Manager Name			Manager Name			
Street Address		"ce"	Sircei Address			
City -	State &	Zup 02908	City	State	Zip	
Manager Name			Manager Name			
Street Address			Sirvet Address			
City	State	Zip	Guy	State	Zip	
8. RESIDENT AGENT Agent Name	IN RHODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642	R.I.G.L. 7-16-	11	
FAUSTO R. BIANCO						
Address			City Zip			
78 LAWN STREET			PROVIDENCE	· · · · · · · · · · · · · · · · · · ·		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

			Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements		
File Date	2/1/06.140262.		contained herein are true and correct. **Tausto R BLANCO 9/13/05 Signature of Authorized Person Date		
FOR SECR	RETARY OF STATE USE ONLY		Frint or Type Name of Authorized Person Form 632 Rev. 7/03		