



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000834516		2. Exact name of the limited liability company US ROAD TECHNOLOGIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island INTERNATIONAL SALE OF ROAD CONSTRUCTION MATERIALS			
5. Principal office address 99 QUAKER LANE		City NORTH SCITUATE	State RI	Zip 02857	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TIMUR KHOLODENKO			Contact Title MANAGING MEMBER		
Street Address 2 JULIE CIRCLE		City MILFORD	State MA	Zip 01757	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name TIMUR KHOLODENKO		Manager Name R. DANIEL HARROP			
Street Address 2 JULIE CIRCLE		Street Address 17 SUNSET AVENUE			
City MILFORD	State MA	Zip 01757	City WEST WARWICK	State RI	Zip 02893
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 28 2020
 BY 4193

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.

3/7/20
 Signature of Authorized Person
 TIMUR KHOLODENKO
 Date
 Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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