

**FILED** 

SEP 1 0 2020

Annual Report for the year:  $\frac{2020}{}$  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	2. Exact name of the Limited Liability Company				
$\square$	Valerie J. Sou	thern - Transpor	tation Consultant, LLC	_	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541614,	Transportation planning and engineering consulting				
5. State of Formation					
Washington					
6. Principal Office Address	······		City	State	Zip
43 Clinton Avenue			Jamestown	RI	02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Valerie J. Southern			Contact Title President		
Street Address 43 Clinton Avenue			City Jamestown	State RI	Zip <sub>02835</sub>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Valerie J. Souther	n		Manager Name		
Street Address 43 Clinton Avenue			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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				Date ~	
Valerie J. Southern				September 8, 2020	
Signature of Authorized Person					
Volerie f. southern.					

MAIL TO:

**Division of Business Services** 

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

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