

Annual Report for the year: 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 Exacting	2. Exact name of the Limited Liability Company						
001684428	P	I. M C TRANSPORTATION LLC						
3. NAICS Code		Brief description of the character of business conducted in Rhode Island						
484121	TRANSPO	TRANSPORT SERVICES						
5. State of Formation								
RI								
6. Principal Office Address			City	State	Zip			
37 GLENHAM STREET			PROVIDENCE	RI	02907			
7. Mailing Address of Limite		iny and Name o	r Title of Contact Person		•			
Contact Name LEE M COLE			Contact Title OWNER					
Street Address 37 GLENHAM STREET			City PROVIDENCE	State RI	Zip 02907			
8. List ALL managers (nam	nes and addresse:	s) of the Limited	Liability Company, IF APPLICABLE	LE - DO NOT LIST	MEMBERS			
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			
		L		Check the box to	indicate an attachment			
9. The Resident Agent infor	mation currently o	of record with the	e RI Department of State is accur	ate. Changes requir	re filing Form 642.			
Under penalty of perjury, statements, and that all s	I declare and affi tatements conta	irm that I have ined herein are	examined this report, including true and correct.	any accompanyin	g schedules and			
Name of Authorized Person				Date				
LEE M COLE				09/30/2020				
Signature of Authorized Per	rson C	5 (26	•				

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 C

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