	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		2
ANNUAL REPORT YEAR:	2020		
<b>1. ID No.</b> <u>001065136</u>	5		
2. Exact Name of the Lin	mited Liability Company <u>TRAFIC</u>	URA TRADING LL	<u>C</u>
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
the list of codes here. More	Code that best describes the primary e information on <u>NAICS</u> can be found	-	v the entity. Download
424720			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
MERCHANT WHOLES METAL	SALER OF COMMODITIES INC	LUDING BULK PET	TROLEUM AND
5. Principal Office Addre	SS		
	<u>1 MCKINNEY ST.</u> . <u>1500</u>		
City or Town: HOU	USTON State:	<u>TX</u> Zip: <u>77010</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact F	Person:
Contact Name: Contact No. and Street: <u>1401</u>	Title: <u>MCKINNEY ST.</u>		
	. <u>1500</u> ISTON State:	<u>X</u> Zip: <u>77010</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Liak	ility Company, if Ap	blicable.
Title	Individual Name	Add	Iress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country

MANAGER	COREY PROLOGO	1401 MCKINNEY ST. STE. 1500 HOUSTON, TX 77010 USA
MANAGER	ANDREW SMOLENACK	1401 MCKINNEY ST. STE. 1500 HOUSTON, TX 77010 USA
Changes Require Filin	RHODE ISLAND - DO NOT ALTER g of Form 642 - R.I.G.L. 7-16-11 STEM 450 VETERANS MEMORIAL	PARKWAY, SUITE 7A EAST
9. This report must be e	xecuted by an authorized person p	ursuant to R.I.G.L. 7-16-66 (b).
signature of the individu acknowledgement of the individual's act and dee	ual or individuals signing this inst e signatory, under penalties of per ed or the act and deed of the comp e electronic filing, in compliance	any, and that the facts stated herein are
Signature of Authoriz		
Form No. 632 Revised 09/07		

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