State of Rhode Island Office of the Secretary of State Pre: SSUM Office of the Secretary of State Division of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Immed Liability Company Annual Report Filing Pende: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(c)) each limited liability company failing or refusing to the ise annual report within thin's (30) days after the time prescribed by law (R.I.G.L. 7- 1646(b.c)) is subject to a panetaly fee of 32-0.0 ANNUAL REPORT YEAR: 2020 1 1 ID No. 001696044 2 State of Formation State: RI State of Formation State: RI State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on MAICS can be found online. 484121 ARTICLE III Bener the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on MAICS can be found online. 484121 A Drincipal Office Address No. and Street: SO C					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Number 1				Fee: \$50.00	
(401) 222-3040 Limited Liability Company Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(b.9), each limited liability company failing or refusing to file its annual report with ritry (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b.8c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001696044 2. Exact Name of the Limited Liability Company Santiago Transportation LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 484121 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island GENERAL FREIGHT TRUCKING 5. Principal Office Address No. and Street: S0 CARNATION ST APT 8 Contact Title: No. and Street: S0 CARNATION ST APT 8 <td< td=""><td></td><td>148 W. River St</td><td>reet</td><td></td></td<>		148 W. River St	reet		
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title				
		First, Middle, Last, Suffix	Address, City or Town	State, Zip Code, Country	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EVELYN C HERNANDEZ 50 CARNATION ST APT 8 PAWTUCKET , RI 02860

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2020 at 10:50:41 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>EVELYN C.HERNANCEZ</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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