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Department of State - Business Services Division

2020 NOV 16 A

Annual Report for the year:	2018
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.

1 Entity ID Number 000941917	Exact name of the Limited Liability Company Transport Tra					
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Residential Rental					
5 State of Formation RI						
6. Principal Office Address 1741 Corn Neck Road			City Block Island	State RI	Zip 02807	
7 Mailing Address of Limited Lia	ability Compa	ny and Name or				
Contact Name Melissa J. Hempstead			Contact Title President	Contact Title President		
Street Address 18 Hopetown Road			City Mt. Pleasant	State SC	Zip 29464	
8 List ALL managers (names a	nd addresses) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	T		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	<u>.</u>	I		Check the box to i	ndicate 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 dec statements, and that all stater			examined this report, includin true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Melissa J. Hempstead				10A.	18, 2020	
Signature of Authorized Person		tud				

MAIL TO:

Division of Business Services

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

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

NOV 16 2020

FORM 632 - Revised: 08/2020