	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304	40	
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.		
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>000327617</u>			
2. Exact Name of the Limited Liability Company <u>LEMIKA TRANSPORT, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
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.			
<u>999999</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conducte	d in Rhode Island
TRANSPORTATION OF GENERAL FREIGHT			
5. Principal Office Addres	SS		
No. and Street: 2400 HA City or Town: JOHNS	ARTFORD AVENUE, UNIT D TON	State: <u>RI</u> Zip: <u>02</u>	919 Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Pe	erson:
No. and Street: 2400 HA	DEMATTEO Contact Title: ARTFORD AVENUE, UNIT D	State: Pl Zin: 020	10 Country USA
		State: <u>RI</u> Zip: <u>029</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	
	First, Middle, Last, Suffix	Address, City or Town, S	tate, 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

KRISTEN PRULL MOONAN <u>4 RICHMOND SQUARE, SUITE 150</u> PROVIDENCE, <u>RI</u> 02906

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

**Signed this 18 Day of November, 2020 at 2:56:26 PM 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>ROBERT DEMATTEO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved