



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2020
Limited Liability Company

2020 DEC 16 AM 8:34

- 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 <u>001673995</u>		2. Exact name of the Limited Liability Company <u>CAC Transportation LLC</u>			
3. NAICS Code <u>485999</u>		4. Brief description of the character of business conducted in Rhode Island <u>Now Medical Courier</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>PO box 761</u>		City <u>Pawt</u>	State <u>RI</u>	Zip <u>02860</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Calvin Bridges</u>		Contact Title <u>owner</u>			
Street Address <u>72 French St</u>		City <u>Pawt</u>	State <u>RI</u>	Zip <u>02860</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - 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
Check the box to indicate 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 declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person <u>Calvin Bridges</u>				Date <u>12-15-2020</u>	
Signature of Authorized Person <u>Calvin Bridges</u>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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