RI SOS Filing Number: 202193325470 Date: 2/26/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 26 2021

BY USCM

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
23089	L.P. Transportation

3. Principal Office Address	City	State	Zip
54 Brookside Avenue, P.O. Box 489	Chester	NY	10918

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
484121	Transportation of property by motor vehicle.
5. State of Incorporation	
New York	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Christopher Palmer	Mary Talmadge
Street Address: 54 Brookside Avenue	Street Address: 54 Brookside Avenue
City: Chester, State: NY, Zip: 10918	City: Chester, State: NY, Zip: 10918
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Christopher Palmer	Mary Talmadge
Street Address: 54 Brookside Avenue	Street Address: 54 Brookside Avenue
City: Chester, State: NY, Zip: 10918	City: Chester, State: NY, Zip: 10918
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
105	Common	No Par Value

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
Christopher Palmer	2/24/2021

Signature of Authorized Representative: Christopher Palmer SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2016