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State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 APR 26 PM 2: 32

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

DOIG 95702 Prority Transport LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 1. State of Formation RT 5. State of Formation RT 6. Principal Office Address 1. Wishuan Ave 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Name Contact Title Owner Street Address List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address 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 Date 1/2421 Signature of Authorized Person	Entity ID Number	2 Event annual	-64b-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	132. 6			
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 4. Brief description of the character of business conducted in Rhode Island 7. Mailing Address City 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Name Contact Name Contact Title Manager Name Street Address City State City Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip Manager Name 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. Date Acron Quiperlies Address Date Acron Quiperlies Address Date Acron Quiperlies Address Date Acron Quiperlies Date Acron Quiperlies Address Date	l '	2. Exact name of the Limited Liability Company					
4. Brief description of the character of business conducted in Rhode Island 4. Brief description of the character of business conducted in Rhode Island 5. State of Formation Trucking (ompany General Freight 6. Principal Office Address 16. Western Ave State Providence 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Name Contact Title Owner Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address 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 Acron (as Penalty)		Priority Iransport LLC					
6 Principal Office Address Wester An Ave Providence	3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
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8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip 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 Date Date	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
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Manager Name Street Address City State Zip City Manager Name Manager Name 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 Agree Date	16 Weskyan Ave			Providence	1 1 1	1 03907	
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Name of Authorized Person Aaron (as Pentler) Date 1/26/21	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and						
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Signature of Authorized Person	11000						
	Signature of Authorized Person		<u></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

FILED

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FORM 632 - Revised: 08/2020