RI SOS Filing Number: 202198414070 Date: 6/18/2020 1:21:00 PM

State of Rhode Island	t			_		
Department of State - Business Services Division						
nose					R.I. E 2021	
2020						
Annual Report for the year: 2020					REP BUS	
Limited Liability Company					18 8.4.3 3.4.5 18.0 18.0 18.0 18.0 18.0 18.0 18.0 18.0	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					_ %_	
→ Penalty: Additional \$25.6	00 fee if form	is not filed by E	December 1.	_	<u> </u>	
		······································			ATI VATI	
1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company				
506850	C & S 1	C & S Transportation LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
531390	real estat	real estate holding, ownership, rental, lease anad management				
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
30 Dunnell Lane Unit 3			Pawtucket	Rt	029860-	
7. Mailing Address of Limited L	iability Comp	any and Name o				
Contact Name Roberto S. Silva	a		Contact Title Member	Contact Title Member		
Street Address 30 Dunnell Lane Unit 3			City Pawtucket	State RI	^{Zip} 02860	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
. <u></u>						
A 71 5 14 15 15 15 15 15 15 15 15 15 15 15 15 15					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 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 / C/		
Roberto S. Silva 5/18/2021						
Signature of Authorized Person						
Shy						

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**

JUN 1 8 2021

FORM 632 - Revised: 08/2020