State of Rhode Island Office of the Secretary of State       Fee: \$30.0         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040       State Of Rhode Island W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Filing Period: September 1 - November 1       In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report withinking (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2021       Image: Company RHODE ISLAND BUS HOLDINGS COMPANY LIMITED, LLC         3. State of Formation State: RI       RHODE ISLAND BUS HOLDINGS COMPANY LIMITED, LLC         3. State of Formation State: RI       ARTICLE III         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.         336111       4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island BUS MANUFACTURING         5. Principal Office Address       No. and Street: 35 CLIFF DRIVE City or Tow: NARRAGANSETT State: RI Zip: 02882 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		Otata of Dhada		
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2021         1. ID No.       000981366         2. Exact Name of the Limited Liability Company RHODE ISLAND BUS HOLDINGS COMPANY LIMITED, LLC         3. State of Formation State: RI         ARTICLE III         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.         336111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island BUS MANUFACTURING         5. Principal Office Address         No. and Street:       35 CLIFF DRIVE City or Town:       State: RI       Zip: 02882       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				Fee: \$50.00
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with RI.G.L. 7-16-66(d), each limited liability company falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c).         ANNUAL REPORT YEAR: 2021         1. ID No.       000981366         2. Exact Name of the Limited Liability Company RHODE ISLAND BUS HOLDINGS COMPANY LIMITED, LLC         3. State of Formation         State: Rl         ARTICLE III         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.         336111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BUS MANUFACTURING         5. Principal Office Address         No. and Street:       35 CLIFF DRIVE City or Town:       NARRAGANSETT         State: RI       Zip: 02882       Country: USA		Division Of Business	Services	
(401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2021         1. ID No.       000981366         2. Exact Name of the Limited Liability Company RHODE ISLAND BUS HOLDINGS COMPANY LIMITED, LLC         3. State of Formation State: RI         ARTICLE III         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.         336111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         BUS MANUFACTURING         5. Principal Office Address         No. and Street:       35 CLIFF DRIVE City or Town:       NARRAGANSETT         State: RI       zip: 02882       Country: USA				
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No. and Street:       35 CLIFF DRIVE         City or Town:       NARRAGANSETT       State: RI       Zip:       02882       Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	<u>336111</u>			
No. and Street:       35 CLIFF DRIVE         City or Town:       NARRAGANSETT       State: RI       Zip:       02882       Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	<u>336111</u> 4. Brief Description of th	e Character of the Business Which		
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6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	<u>336111</u> <b>4. Brief Description of th</b> <u>BUS MANUFACTURII</u> <b>5. Principal Office Addre</b>	e Character of the Business Which <u>NG</u> ss		
	336111         4. Brief Description of the         BUS MANUFACTURIN         5. Principal Office Addree         No. and Street:       35	e Character of the Business Which <u>NG</u> ss <u>CLIFF DRIVE</u>	is Actually Condu	cted in Rhode Island
Contact Name: M/ MICHAEL SUILIN/AN Contact Title:	336111         4. Brief Description of the         BUS MANUFACTURIN         5. Principal Office Addree         No. and Street:       35	e Character of the Business Which <u>NG</u> ss <u>CLIFF DRIVE</u>	is Actually Condu	cted in Rhode Island
COMACENAME VVIVICHARE SULLIVAN COMACENTE.	336111         4. Brief Description of the         BUS MANUFACTURIN         5. Principal Office Addree         No. and Street:       35         City or Town:       NA	e Character of the Business Which <u>NG</u> ss <u>CLIFF DRIVE</u> <u>ARRAGANSETT</u> State: <u>R1</u>	is Actually Conduc	cted in Rhode Island Country: <u>USA</u>
No. and Street: <u>35 CLIFF DRIVE</u>	336111         4. Brief Description of the         BUS MANUFACTURIN         5. Principal Office Addree         No. and Street:       35         City or Town:       NA         6. Mailing Address of Line	e Character of the Business Which <u>NG</u> ss <u>CLIFF DRIVE</u> <u>ARRAGANSETT</u> State: <u>RI</u> mited Liability Company and Name	is Actually Conduc	cted in Rhode Island Country: <u>USA</u>
City or Town:         NARRAGANSETT         State: RI         Zip:         02882         Country:         USA	336111         4. Brief Description of the         BUS MANUFACTURIN         5. Principal Office Addree         No. and Street:       35         City or Town:       NA         6. Mailing Address of Lite         Contact Name:       W MICH	e Character of the Business Which <u>NG</u> ss <u>CLIFF DRIVE</u> <u>ARRAGANSETT</u> State: <u>RI</u> mited Liability Company and Name <u>AEL SULLIVAN</u> Contact Title:	is Actually Conduc	cted in Rhode Island Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	336111         4. Brief Description of the         BUS MANUFACTURIN         5. Principal Office Addree         No. and Street:       35         City or Town:       NA         6. Mailing Address of Line         Contact Name:       W MICH         No. and Street:       35	e Character of the Business Which <u>NG</u> ss <u>CLIFF DRIVE</u> <u>ARRAGANSETT</u> State: <u>RI</u> mited Liability Company and Name <u>AEL SULLIVAN</u> Contact Title: <u>CLIFF DRIVE</u>	is Actually Conduc Zip: <u>02882</u> or Title of Contact	cted in Rhode Island Country: <u>USA</u>
Title Individual Name Address	336111         4. Brief Description of the         BUS MANUFACTURIN         5. Principal Office Addree         No. and Street:       35         City or Town:       N/4         6. Mailing Address of Line         Contact Name:       W MICH         No. and Street:       35 (200)         City or Town:       N/4         7. Name and Address of	e Character of the Business Which NG ss <u>CLIFF DRIVE</u> <u>ARRAGANSETT</u> State: <u>RI</u> mited Liability Company and Name <u>AEL SULLIVAN</u> Contact Title: <u>CLIFF DRIVE</u> <u>RRAGANSETT</u> State: <u>RI</u> Each Manager of the Limited Liab	is Actually Conduction Zip: <u>02882</u> or Title of Contact Zip: <u>02882</u>	cted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>
	336111         4. Brief Description of the         BUS MANUFACTURIN         5. Principal Office Addree         No. and Street:       35         City or Town:       NA         6. Mailing Address of Lite         No. and Street:       35         City or Town:       NA         6. Mailing Address of Lite         Contact Name:       W MICH         No. and Street:       35         City or Town:       NA         7. Name and Address of         DO NOT LIST MEMBER	e Character of the Business Which NG ss <u>CLIFF DRIVE</u> <u>ARRAGANSETT</u> State: <u>RI</u> mited Liability Company and Name <u>AEL SULLIVAN</u> Contact Title: <u>CLIFF DRIVE</u> <u>RRAGANSETT</u> State: <u>RI</u> Each Manager of the Limited Liab RS	is Actually Conduction Zip: <u>02882</u> or Title of Contact Zip: <u>02882</u>	cted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u> pplicable.
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	336111         4. Brief Description of the         BUS MANUFACTURIN         5. Principal Office Addree         No. and Street:       35         City or Town:       N/4         6. Mailing Address of Line         Contact Name:       W MICH         No. and Street:       35 (200)         City or Town:       N/4         7. Name and Address of	e Character of the Business Which <u>NG</u> ss <u>CLIFF DRIVE</u> <u>ARRAGANSETT</u> State: <u>RI</u> mited Liability Company and Name <u>AEL SULLIVAN</u> Contact Title: <u>CLIFF DRIVE</u> <u>RRAGANSETT</u> State: <u>RI</u> <u>Each Manager of the Limited Liab</u> RS Individual Name	is Actually Conduc Zip: <u>02882</u> or Title of Contact Zip: <u>02882</u> ility Company, if A	cted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u> pplicable.
	336111         4. Brief Description of the         BUS MANUFACTURII         5. Principal Office Addree         No. and Street:       35         City or Town:       N/4         6. Mailing Address of Lite         No. and Street:       35 0         Contact Name:       W MICH         No. and Street:       35 0         City or Town:       NA         7. Name and Address of DO NOT LIST MEMBER	e Character of the Business Which <u>NG</u> ss <u>CLIFF DRIVE</u> <u>ARRAGANSETT</u> State: <u>RI</u> mited Liability Company and Name <u>AEL SULLIVAN</u> Contact Title: <u>CLIFF DRIVE</u> <u>RRAGANSETT</u> State: <u>RI</u> <u>Each Manager of the Limited Liab</u> RS Individual Name	is Actually Conduc Zip: <u>02882</u> or Title of Contact Zip: <u>02882</u> ility Company, if A	cted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u> pplicable.

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WILLIAM R. LANDRY <u>30 EXCHANGE TERRACE</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

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

**Signed this 22 Day of September, 2021 at 2:35:49 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>W MICHAEL SULLIVAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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