



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
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 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. 001703197

2. Exact Name of the Limited Liability Company ADC Supports 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.

484121

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WE CURRENTLY OWN ONE TRUCK WITH WHICH WE CONDUCT GENERAL FREIGHT TRUCKING, LONG DISTANCE. WE ARE ALSO CURRENTLY AN S-CORP.

5. Principal Office Address

No. and Street: 34 CAPTAIN JOHN JACOBS ROAD
UNIT 401

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: EMMANUELLA NDUKWE Contact Title: CO-OWNER

No. and Street: 34 CAPTAIN JOHN JACOBS ROAD
APT 401

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	EMMANUELLA U. NDUKWE BARR.	34 CAPTAIN JOHN JACOBS ROAD EAST PROVIDENCE, RI 02914 USA
MANAGER	EDWIN A NDUKWE DR.	34 CAPTAIN JOHN JACOBS ROAD EAST PROVIDENCE, RI 02914 USA

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

EMMANUELLA NDUKWE 34 CAPTAIN JOHN JACOBS ROAD UNIT 401 EAST PROVIDENCE , RI
02914

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

Signed this 5 Day of October, 2021 at 9:06:18 AM 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 EMMANUELLA NDUKWE
Signature of Authorized Person

Form No. 632
Revised 09/07

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