



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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BY TPAIS
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1. Entity ID Number 112521		2. Exact name of the Limited Liability Company TRANS-LINK, LLC			
3. NAICS Code 484121		4. Brief description of the character of business conducted in Rhode Island ARRANGING TRANSPORTATION FOR GOODS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 875 OAKLAWN AVENUE #306		City CRANSTON		State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name D Joseph D'Amico, Esq			Contact Title Attorney		
Street Address 728 Valley Street			City Providence		State RI Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 CARLA MANNI				Date 9/30/21	
Signature of Authorized Person <i>Carla E. Manni</i>					

MAIL TO:
Division of Business Services
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