



State of Rhode Island

## Department of State - Business Services Division

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

2021 OCT -4 3:12 PM

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIVAnnual Report for the year: **2020**  
Limited Liability Company

2021 NOV -3 AM 9:33

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

|                                                                                                                                                                                                      |       |                                                                                              |                        |                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------|------------------------|--------------------|--------------|
| 1. Entity ID Number<br><b>1657678</b>                                                                                                                                                                |       | 2. Exact name of the Limited Liability Company<br><b>M&amp;S TRANSPORTATION LLC</b>          |                        |                    |              |
| 3. NAICS Code<br><b>488510</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br>Transport Car |                        |                    |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |       |                                                                                              |                        |                    |              |
| 6. Principal Office Address<br>268 Adelaide Ave. Apt# 5                                                                                                                                              |       | City<br>Providence                                                                           |                        | State<br>RI        | Zip<br>02907 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                              |                        |                    |              |
| Contact Name<br>Tomas Eusebio                                                                                                                                                                        |       |                                                                                              | Contact Title<br>Owner |                    |              |
| Street Address<br>268 Adelaide Ave. Apt# 5                                                                                                                                                           |       | City<br>Providence                                                                           |                        | State<br>RI        | Zip<br>02907 |
| 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 <input type="checkbox"/>                                                                                                                                     |       |                                                                                              |                        |                    |              |
| 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<br>Tomas Eusebio                                                                                                                                                           |       |                                                                                              |                        | Date<br>10/04/2021 |              |
| Signature of Authorized Person<br><i>Tomas Eusebio</i>                                                                                                                                               |       |                                                                                              |                        |                    |              |

## 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

NOV 03 2021

*JK.5.7P*  
*9:38*