RI SOS Filing Number: 202106931440 Date: 12/9/2021 4:00:00 PM

→ Filing period. September → Filing Fee: \$50.00 → Penalty. Additional \$25.00  1. Entity ID Number  001683728 3. NAGS Code  5. State of Formation RI  6. Principal Office Address	2. Exact na GOMEZ 4. Brief de:	is not filed by Came of the Limite	ed Liability Company  RTATION LLC  haracter of business conducted in Rh	BY	
D01683728  NAGS Code  S. State of Formation  RI  B. Principal Office Address	GOMEZ 4. Brief des	TRANSPO	haracter of business conducted in Rh	• •••	
5. State of Formation RI 6. Principal Office Address	4. Brief de: TRUCKIN	scription of the d IG SERVICES	the second of th	• •••	
			City	State	
33 LAWNACRE DR			NORTH PROVIDENCE	RI ,	Zip " 02911
7. Mailing Address of Limited Lia Contact Name CHARLY B GOM	1EZ FERNA		Contact Title SOLE MBR		
Street Address 33 LAWNACRE DR			City NORT PROVIDENCE	State RI	<sup>Z<sub>i</sub>p</sup> 02911
B. List <b>ALL</b> managers (names ar Manager Name	nd addresses	s) of the L mited	L'ability Company, IF APPLICABLE - Manager Name	DO NOT LIST	MEMBERS
Street Address			Street Address		
City	State	Zıp	City	State	Zip
fanager Name	<b>1</b>	<u> </u>	Manager Name		
treel Address			Street Address		
City	State	Zip	City	State	Zıp
T			Ch	eck the box to	indicate an attachmen
Inter penalty of periusy 1 dec	on currently o	of record with the	RI Department of State is accurate. (examined this report, including any	Changes requir	e filing Form 642

MAIL TO:

**Division of Business Services** 

CHARLY B GOMEZ FERNANDEZ

Signature of Authorized Rerson

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov Date

212/07/2021