RI SOS Filing Number: 202106963450 Date: 12/10/2021 4:00:00 PM

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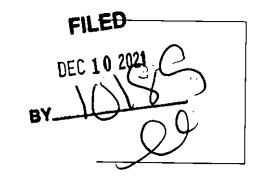
State of Rhode Island

## **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.



1. Entity ID Number	2. Exact na	me of the Limited L	iability Company		·	
488458	2. Exact name of the Limited Liability Company NFC EXPRESS, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
485999	TRANSPORT OF VARIOUS CONTAINERS					
5. State of Formation	1					
RI						
6. Principal Office Address 85 Industrial Cirle			City	State RI	<sup>Zip</sup> 02865	
7. Mailing Address of Limited Lia	bility Compar	ny and Name or Titl	e of Contact Person		<u> </u>	
Contact Name XIOMARA ZABATTA			Contact Title MANAGER			
Street Address P.O. Box 667			City Albion	State RI	Zip 02802	
8. List ALL managers (names ar	nd addresses	of the Limited Liab	pility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name XIOMARA ZABATTA		Manager Name				
Street Address P. O. Box 667		Street Address				
City Albion	State RI	<sup>Zip</sup> 02802	City	State	Zip	
Manager Name ANTONIO J. ZABATTA			Manager Name			
Street Address P. O. Box 667			Street Address			
City Albion	State RI	<sup>Zip</sup> 02802	City	State	Zip	
			<del></del>	Check the box to i	ndicate an attachment	
9. The Resident Agent information	n currently of	record with the RI	Department of State is accu	rate. Changes require	e filing Form 642.	
Under penalty of perjury, I decistatements, and that all statem	are and affir	m that I have exam	nined this report, including			
Name of Authorized Person				Date		
XIOMARA ZABATTA				12/8/2021		
Signature of Authorized Person	Zbā	the	_			
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MAIL TO:

**Division of Business Services** 

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

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