



State of Rhode Island

Department of State - Business Services Division

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

2021 DEC 21 PM 12:01

STAMP

Annual Report for the year: 2020  
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 <u>001080629</u>		2. Exact name of the Limited Liability Company <u>TOP-LEVEL LOGISTICS, LLC</u>	
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island <u>PACKAGE DELIVERY/COURIER</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>70 INDUSTRIAL RD</u>		City <u>Cumberland</u>	State <u>RI</u>
		Zip <u>02864</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>DAREN B LEE</u>		Contact Title <u>OWNER</u>	
Street Address <u>70 INDUSTRIAL ROAD</u>		City <u>Cumberland</u>	State <u>RI</u>
		Zip <u>02864</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>DAREN B LEE</u>		Manager Name	
Street Address <u>2311 MENDON RD</u>		Street Address	
City <u>Cumberland</u>	State <u>RI</u>	City	State
Zip <u>02864</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 <u>DAREN B. LEE</u>		Date <u>12/21/21</u>	
Signature of Authorized Person <u>Daren B Lee</u>			

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

DEC 21 2021  
CF R81WC  
12:03