



State of Rhode Island
Department of State - Business Services Division

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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 <u>001686629</u>		2. Exact name of the Limited Liability Company <u>TOP-LEVEL LOGISTICS, LLC</u>			
3. NAICS Code <u>484121</u>		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>	Zip <u>02864</u>	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.					
<i>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.</i>					
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

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