



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

 FEB 21 2023 T.A.H.  
 BY *[Signature]*

1 Entity ID Number <b>23089</b>		2 Exact name of the Corporation <b>L.P. Transportation, Inc.</b>	
3 Principal Office Address <b>54 Brookside Avenue, P O Box 489</b>		City <b>Chester</b>	State <b>NY</b>
		Zip <b>10918</b>	
4 NAICS Code <b>541614</b>	6 Brief description of the character of business conducted in Rhode Island <b>Transportation of property by motor vehicle.</b>		
5 State of Incorporation <b>New York</b>			
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Christopher Palmer</b>		Vice-President Name <b>Mary Talmadge</b>	
Street Address <b>54 Brookside Avenue</b>		Street Address <b>54 Brookside Avenue</b>	
City <b>Chester</b>	State <b>NY</b>	City <b>Chester</b>	State <b>NY</b>
Zip <b>10918</b>		Zip <b>10918</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Christopher Palmer</b>		Director Name <b>Mary Talmadge</b>	
Street Address <b>54 Brookside Avenue</b>		Street Address <b>54 Brookside Avenue</b>	
City <b>Chester</b>	State <b>NY</b>	City <b>Chester</b>	State <b>NY</b>
Zip <b>10918</b>		Zip <b>10918</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9 Shares Authorized		10 Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>105</b>	<b>Common Value</b>
			<b>No Par Value</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>			
Name of Authorized Representative <b>Christopher Palmer</b>		Date <b>2/16/2023</b>	
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021