



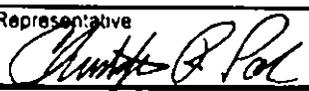
State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 21 2023 T.A.H.
BY 57040
[Signature]

- Filing period February 1 - May 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

MAIL TO:
Division of Business Services
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Website: www.sos ri.gov