



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Limited Liability Company

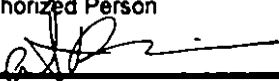
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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| | | | |
|---|--|--|---|
| 1. Entity ID Number <u>001660797</u> | | 2. Exact name of the Limited Liability Company <u>TRADEMARK TRANSPORTATION LLC</u> | |
| 3. NAICS Code <u>485999</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>MEDICAL TRANSPORTATION</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>27 FUNSTON AVE</u> | | City <u>PROVIDENCE</u> | State <u>RI</u> Zip <u>02908</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>DEAN AMROMARE</u> | | Contact Title <u>OWNER</u> | |
| Street Address <u>9 TOMCAT TERRACE</u> | | City <u>NORTH PROVIDENCE</u> | State <u>RI</u> Zip <u>02911</u> |
| 8. 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>DEAN AMROMARE</u> | | Date <u>03/31/2023</u> | |
| Signature of Authorized Person  | | | |

FILED 1045
MAR 31 2023
BY 78857

MAIL TO:

Division of Business Services

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