RI SOS Filing Number: 202343433330 Date: 12/18/2023 1:30:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

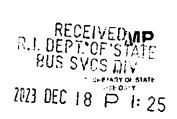
Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



| A. Eath ID Months   | I o  |               |           |              |
|---|--|---------------|-----------|--------------|
| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                           |               |           |              |
| 1765120   | Smith and Ellis Transportation LLC                                       |               |           |              |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |               |           |              |
| 484110  | transportation of General Freight dother                                 |               |           |              |
| 5. State of Formation   |  |               |           |              |
| RI  |  |               |           |              |
| 6. Principal Office Address   |  | City          | State     | Zip          |
| 166 Valley St Bldg Com Stelo3   |  | Providence    | Rt        | 02909        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |               |           |              |
| Contact Name  |  | Contact Title |           |              |
| Jonathan Smith  |  | President     |           |              |
| Siréet Address La Valley St Bld Com Ste 103   |  | Providence    | State     | zip<br>02909 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |               |           |              |
| 9. 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 Date  |  |               |           |              |
| Jonathan Smith  |  |               | 112/18/23 |              |
| Signature of Authorized Person  |  |               |           |              |

MAIL TO:

Division of Business Services

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

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