



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>001699430</u> | | 2. Exact name of the Limited Liability Company <u>SS Transport, LLC</u> | | |
| 3. NAICS Code <u>481112</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Transportation Freight</u> | | |
| 5. State of Formation <u>RI</u> | | | | |
| 6. Principal Office Address <u>98 Benefit St</u> | | City <u>Pawtucket</u> | State <u>RI</u> | Zip <u>02861</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name <u>Samuel Semedo</u> | | Contact Title <u>OWNER</u> | | |
| Street Address <u>98 Benefit St</u> | | City <u>Pawtucket</u> | State <u>RI</u> | Zip <u>02861</u> |
| 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 <u>Samuel Semedo</u> | | | Date <u>12-21-23</u> | |
| Signature of Authorized Person <u>[Signature]</u> | | | | |

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BY 3GFTS

MAIL TO:

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