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## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024 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	0.5					
	2. Exact name of the Limited Liability Company					
1667685	19BA TRANSPORT SZRVICES, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
926130						
5. State of Fermation	1RANSPORTATION					
RI	· /					
6. Principal Office Address		City	State	Zip		
33 MILK STIZZET		PROVIDENCE	RL	02905		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title		·		
BOLATIAN MOSHOOD		DWNER				
Street Address		City	State 2	Zip		
33 MILK STRIET		PROVIDENCE	RI	02905		
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 / /			
BOLAITA: MOSHOOD.			02/05/2024			
Signature of Authorized Person						
- Begingfor						

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov