State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

REC'D RIDOS
'24 FEB 26 PM 2:54:25

1. Entity ID Number	2. Exact name of the Corporation		
23089	L.P. Transportation		
3. Principal Office Address	City	State	Zip
54 Brookside Avenue, P.O. Box 489	Chester	NY	10918
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541614	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 ☐

President Name	Vice-President Name
Christopher Palmer	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 ☐

Director Name	Director Name
Christopher Palmer	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 ☐		
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		Date
Christopher Palmer	FILED	2/19/2024
Signature of Authorized Representative	FEB 26 2024	

BY GKyQT

MAIL TO:
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