

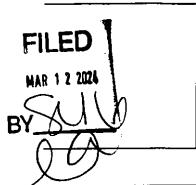
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 3034
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.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
001688247	CASE TRANSPORTO	ction LLC		
3. NAICS Code 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island School Bus Transportation			
RI				
6. Principal Office Address		City	State	Zip
2360 Victory Hwy		Coventry	RI	02816
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		
Contact Name		Contact Title		
MARY S.C. CASE		OWNER		
Street Address 2360 Viztory Hwy		Coventry	State R±	2ip 028/5
8. The Resident Agent information	on currently of record with the RI [Department of State is accura	ate. Changes require	filing Form 642.
	leclare and affirm that I have ex nents contained herein are true		ng any accompany	ing schedules and
Name of Authorized Person			Date	
MARY Shelkey Colleen CARR			3-5-24	
Signature of Authorized Person Word Steller	y Colleen Cen			

MAIL TO:

Division of Business Services

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

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