

State of Rhode Island Department of State - Business Services Division

Annual Report for the year. 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	2. Exact name of the Limited Liability Company			
001695904	Santino Transportation LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
495 999	Harport transfort			
5. State of Formation	Pick up and from off			
RI				
6. Principal Office Address	<u></u>	City	State	Zip
123 Cottage St		Pawtic Cot	RI	09860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
MOHAMEN RELETEY		Owner/Operator		
Street Address		City	State	Zip
123 Cottage St Apt 1		Mutucket	St	02860
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 1 1	
MOHAMED BERETEY			3/19/	2024
Signature of Authorized Person				
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MAIL TO:

Division of Business Services

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

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