State of Rhode Island Department of S	State - Business Service	es Division		· · · · · · · · · · · · · · · · · · ·
Annual Report for the y Limited Liability Comp → Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0	any	31.		REC'D RIDOS
1. Entity ID Number	2. Exact name of the Limited Liability Company			.50:1 CSB
001687616	MIDDLE PASSAGE SHIPMENT			က္ခမ
5. State of Formation R Z	4. Brief description of the char NO BUSINES. Only an 10			gedelivene Susar
6. Principal Office Address れるんと		none	State No re	Zip
	ability Company and Name or Tit	le of Contact Person		-
Contact Name MAUTIN	e K. DAW	Contact Title		
Street Address LANKRK WAY		City SILVEY SPY	State M.O	Zip 2090/
8. The Resident Agent informat	ion currently of record with the Ri	Department of State is accu	rate. Changes require fi	iling Form 642.
Under penalty of perjury, I de statements, and that all state	clare and affirm that I have exa ments contained herein are tru	mined this report, including and correct.	g any accompanying s	schedules and
Name of Authorized Person			Date	
MAURINE A DAW Signature of Authorized Person				2024

FILED

MAR 12 2024 BY EM 725 C A.A. 11:13 AM

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Manna. DAW

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