RI SOS Filing Number: 202453911690 Date: 4/30/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2024

-> 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				
001760581	3T TRANSPOYTATION LLC				
3. NAICS Code 4 189 121	4. Brief description of the character of business conducted in Rhode Island				
5. State of Formation £ · [Thansportation				
6. Principal Office Address		City	State	Zip	
5 Branc4 ave		WEST WARWICK	R.I	02893	
7. Mailing Address of Limited Lis	bility Company and Name or Title	e of Contact Person			
Centect Name		Contact Title	<u> </u>		
HME B. (AVA.	ns	grnes		_	
Street Address		City	State	Zip	
5 Branch ave		WEST WAIWICK	e. I	02893	
8. The Resident Agent Information	on currently of record with the RI	Department of State is accurate.	hanges require	filing Form 642.	
9. Under penalty of perjury, I d statements, and that all staten			ny accompanyli	ng schedules and	
Name of Authorized Person			Date		
asme	B. PAVAR		04/3	0/2024	
Signature of Authorized Person	Stantines				

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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