



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.

**FILED**  
 MAY 02 2024  
 BY *[Signature]*

1. Entity ID Number <b>000507945</b>		2. Exact name of the Corporation <b>TLCARRIER, INC</b>			
3. Principal Office Address <b>PO BOX 58</b>			City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>492110</b>		6. Brief description of the character of business conducted in Rhode Island <b>COURIER SERVICE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARGARET R. KILLEA</b>			Vice-President Name <b>CHARLES F. DALTON</b>		
Street Address <b>34 PAULA DRIVE</b>			Street Address <b>50 WOODSIDE AVENUE</b>		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>CHARLES F. DALTON</b>			Treasurer Name <b>MARGARET R. KILLEA</b>		
Street Address <b>50 WOODSIDE AVENUE</b>			Street Address <b>34 PAULA DRIVE</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address <b>NONE</b>			Street Address <b>NONE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SECTS	PAR VALUE
			100.00	STK	\$0.100
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 <b>MARGARET R. KILLEA</b>					Date <b>5/2/24</b>
Signature of Authorized Representative <i>Margaret R Killea</i>					