



State of Rhode Island
Department of State - Business Services Division

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