RI SOS Filing Number: 202458923120 Date: 8/19/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **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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Entity ID Number	2 Exact name of the Limite	d Liability Company	1			
\$ 1764814	DTE Cogistics LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
484121	Transfortain					
5. State of Formation						
Ri						
6. Principal Office Address		City		State	Zip	
12 Oakleigh	ave	North	Providence	Ri	02911	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	-	Contact Title				
Javian East	m	Ceo		_		
Street Address		City		State .	Zip	
12 Oakreign	ave	NOTTY	Provedence	13.1	02911	
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		
Javian Eason			8-19-29			
Signature of Authorized Person						
Juen						
0						

FILED

MAIL TO:

Division of Business Services

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

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