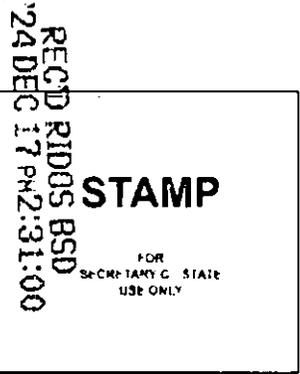




State of Rhode Island
Department of State - Business Services Division



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.

1. Entity ID Number 001735875		2. Exact name of the Limited Liability Company RHODE ISLAND FAMILY TRANSPORT LLC	
3. NAICS Code 484110		4. Brief description of the character of business conducted in Rhode Island TRANSPORTATION	
5. State of Formation RI			
6. Principal Office Address 7 LYMAN AVE		City NORTH PROVIDENCE	State RI
Zip 02911			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Anthony Taveras		Contact Title owner	
Street Address 7 Lyman ave		City North Providence	State RI
Zip 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 Anthony Taveras		Date 12/17/24	
Signature of Authorized Person <i>[Signature]</i>			

FILED

DEC 17 2024
BY **9574d**
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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