RI SOS Filing Number: 202566215160 Date: 2/24/2025 4:00:00 PM



## State of Rhode Island

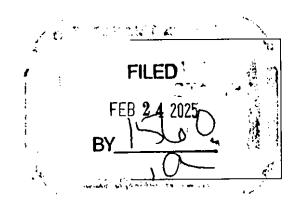
## **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

2025

→ 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	2. Exact name of the Limit	Exact name of the Limited Liability Company			
00112521	Trans-Link, LLC	Trans-Link, LLC			
3. NAICS Code	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island			
488510	ARRANGING TRAI	ARRANGING TRANSPORTATION FOR GOODS			
5. State of Formation	TITLE: 7-16	TITLE: 7-16			
Rhode Island					
6. Principal Office Address		City	State	Zip	
875 Oaklawn Avenue, Suite 306		Cranston	RI	02920	
7. Mailing Address of Limite	ed Liability Company and Name of	or Title of Contact Person		····	
Contact Name		Contact Tille			
Carla E. Manni		President			
Street Address 875 Oaklawn Avenue, Suite 306		City Cranston	State RI	<sup>Z<sub>1</sub>p</sup> 02920	
8. The Resident Agent info	mation currently of record with th	ne RI Department of State is accu	irate. Changes require	filing Form 642.	
9. Under penalty of perjude statements, and that all s	ry, I declare and affirm that I ha tatements contained herein ar	ive examined this report, include true and correct.	ding any accompany	ing schedules and	
Name of Authorized Person			Date		
Carla E. Manni			2/17/25		
Signature of Authorized Pe	inle E.n	$\sim$			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov