



State of Rhode Island  
Department of State - Business Services Division

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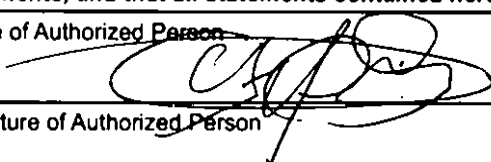
Annual Report for the year: 2025

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<br><b>001764307</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>C CONNECT LLC</b>                                        |                           |                     |
| 3. NAICS Code<br><b>485000</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>TRANSPORTATION SERVICES</b> |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                               |                           |                     |
| 6. Principal Office Address<br><b>11 NICKERSON STREET</b>                                                                                                                                                      |  | City<br><b>PAWTUCKET</b>                                                                                      | State<br><b>RI</b>        | Zip<br><b>02860</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                               |                           |                     |
| Contact Name<br><b>CHERIF Y AIDARA</b>                                                                                                                                                                         |  | Contact Title<br><b>OWNER</b>                                                                                 |                           |                     |
| Street Address<br><b>11 NICKERSON STREET</b>                                                                                                                                                                   |  | City<br><b>PAWTUCKET</b>                                                                                      | State<br><b>RI</b>        | Zip<br><b>02860</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                               |                           |                     |
| 9. <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 Person<br>                                                                                               |  |                                                                                                               | Date<br><b>02/26/2025</b> |                     |
| Signature of Authorized Person                                                                                                                                                                                 |  |                                                                                                               |                           |                     |

**FILED**

**MAR 12 2025**

**BY JFB**  


**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)