



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation

2025

→ Filing period February 1 - May 1

→ Filing Fee \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 04 2025

BY

3725

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 ☐														
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 ☐														
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 This information is currently of record in the Department of State. Changes require an additional filing			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STKS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100.00</td> <td>STK</td> <td>\$0.100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/STKS	PAR VALUE	100.00	STK	\$0.100			
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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. 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 Representative MARGARET R. KILLEA			Date 3/24/25											
Signature of Authorized Representative <i>Margaret R. Killea</i>														