FILED
APR 04 2025
BY 3-7-25

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ 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 Corporation
000507945	TLCARRIER,INC

3. Principal Office Address	City	State	Zip
PO BOX 58	EAST GREENWICH	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
492110	COURIER SERVICE
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MARGARET R. KILLEA	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	**Treasurer Name**
CHARLES F. DALTON	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	Director Name
NONE	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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: Margaret R Killea

MAIL TO
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised 2/2023