

State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 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.

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|------------------------------------|---|---|--------------------|----------------------|--|--|
| 1. Entity ID Number | 2. Exact name of the Limit | Exact name of the Limited Liability Company | | | | |
| 001665220 | ATLANTIC MOT | ATLANTIC MOTOR FREIGHT LLC | | (T) | | |
| 3. NAICS Code | 4. Brief description of the o | 4. Brief description of the character of business conducted in Rhode Island TRANSPORTATION OF NON-HAZARDOUS FREIGHT ALL KINDS DRY VAN. MOSTLY REGIONAL HAUL NOT DELIVERED OR PICKED UP IN RHODE ISALND. | | | | |
| 484110 | TRANSPORTATIO | | | | | |
| 5. State of Formation | VAN. MOSTLY REC | | | | | |
| RI | RHODE ISALND. | | | | | |
| 6. Principal Office Address | I | City | State | Zip | | |
| 50 WILDERNESS T | RAIL | WAKEFIELD | RI | 02879 | | |
| 7. Mailing Address of Limite | d Liability Company and Name o | or Title of Contact Person | - | | | |
| Contact Name KEVIN COONEY | | Contact Title OWNER | | | | |
| Street Address 50 WILDERNESS TRAIL | | City WAKEFIELD | State RI | ^{Zip} 02879 | | |
| 3. The Resident Agent infor | mation currently of record with th | e RI Department of State is accura | te. Changes requir | e filing Form 642. | | |
| | y, I declare and affirm that I ha tatements contained herein are | ve examined this report, including true and correct. | g any accompany | ring schedules and | | |
| Name of Authorized Person | | | Date | | | |
| KEVIN COONEY | | | 03/31/2025 | | | |
| Signature of Authorized Per | | Mud | | | | |

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MAIL TO:

Division of Business Services

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

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