

Annual Report for the year: 2025 **Limited Liability Company**

- → Filing period: February 1 May 1

Name of Authorized Person

MARY SHELLEY COLLEEN CASE

Signature of Authorized Person

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001688247	CASE TRANSPORTATI	ION, LLC		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
485410	SCHOOL BUS TRANSPORTATION			
5. State of Formation				
R1				
6. Principal Office Address		City	State	Zip
2360 VICTORY HIGHWAY		COVENTRY	RI	02816
7. Mailing Address of Limit	ed Liability Company and Name	or Title of Contact Person	•	
Contact Name MARY SHELLEY COLLEEN CASE		Contact Title MEMBER		
Street Address 2360 VICTORY HIGHWAY		City COVENTRY	State RI	Zip 02816

Date

3/7/25

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov