



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 152649		2. Exact name of the limited liability company UTT LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Transportation of Freight	
5. Principal office address 224 High Street		City MANVILLE	State RI
		Zip 02838	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Scott VARGAS		Contact Title MEMBER	
Street Address 224 High Street		City MANVILLE	State RI
		Zip 02838	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Joseph R SLINLEY		Address North Smithfield	
Address 431 MEADOW ROAD		City North Smithfield RI	Zip 02896

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date **FILED**

Check No. **SEP 30 2009**

By: **By [Signature]**

FOR SECRETARY OF STATE USE ONLY

2009 SEP 14 PM 3:28

Joseph R Slinley
Signature of Authorized Person

Joseph R SLINLEY
Print or Type Name of Authorized Person

Date