

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	me of the limited liabi	lity company							
56/763			ansport LLC	,						
		/	<i>y</i> '							
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island								
Me R.I.	nas	ter line								
5. Principal office address	Isler.	Dr 5/2 2	00 City Madison	State -	Zip		 7			
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND I	NAME OF TITLE OF CONTACT PE	RSON:			un hor			
Contact Name		/	Contact Title							
Street Address	ansport									
Street Address & Excel	sion D	Ste 200	Madison	State /	Zip	3 5/2				
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACHI	NAMES AND ADD	DRESSES) OF THE L	IMITED LIABILITY COMPANY, IF A	APPLICABLE - DO	NOT LIST	MEMB	ERS			
Manager Name Timo Phy	Poyle	A CONTRACT OF THE PROPERTY OF	Manager Name							
Street Address 39/7 Lone	- Sundo	g Dr	Street Address							
City Killington	State	Zip 05-757	City	State	Zip					
Manager Name			Manager Name							
Street Address			Street Address			5 APR				
City	State	Zip	City	State	Zip	- 2				
8. RESIDENT AGENT IN RI	And the second second second second second	Bara Halender (7. Jöffer				. The	- Dic			
This information is current	ly of record in the	Office of the Secre	tary of State. Changes require fili	na Form 642.	A		ر رئ			
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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Print or Type Name of Authorized Person