

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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. 487947	2. Exact na	2. Exact name of the limited liability company SJP Transportation, LLC					
3. State of Formation	4. Brief des	cription of the ch	naracter of	business conducted in Rho	de Island		
Rhode Island							
5. Principal office address 242 Lake Garden Drive				City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY A	ND NAME	OR TITLE OF CONTACT	PERSON:		
Contact Name Scott Patalano			Contact Title Member				
Street Address 242 Lake Garden Drive				City Cranston	State RI	Zip 02920	
7. LIST <u>all</u> Managers ("X" box for attachi	NAMES AND ADI	ORESSES) OF T	HE LIMITI	ED LIABILITY COMPANY,	IF APPLICABLE - <u>po</u>	NOT LIST MEMBERS	
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip		City	State	- Trin	
	*	.	.f.	, a	State	Zip	
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip /	-	City	State	Zip	
RESIDENT AGENT IN RH					A S	aktika aliferiya (
This information is current	ly of record in the	Office of the S	ecretary o	of State. Changes require	filing Form 642		

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SEP 2 1 2015

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.

By:

Signature of Authorized Person

Scott Patalano

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012