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| State of Rhode Island Department of St Annual Report for the year Limited Liability Companion Filing Period: February 1 | ny - May 1 | | | RECEIVED R.I. DEPT. OF STATI BUS SYCS DIV 2073 JUL 12 P 12: |
|--|--|--|----------------|---|
| 1. Entity ID Number 001749765 3. NAICS Code (35994 5. State of Formation R. I. | 4. Brief description of the chare | ms portation acter of business conducted in Rhoo al em eng | te Island | |
| 6. Principal Office Address 10 SIMPSO | <u>. </u> | City Providence | State | 2ip 02911 |
| 7. Mailing Address of Limited Lia | bility Company and Name or Tit | le of Contact Person | | |
| A | OL ADAPO | Contact Title OWNER | ٧ | |
| Street Address | son st | City Pros | State R | Zip 02911 |
| 8. The Resident Agent Information | on currently of record with the RI | Department of State is accurate. C | hanges require | a schedules and |
| Under penalty of perjury, I dec statements, and that all staten | lare and affirm that I have exa- nents contained herein are tru | mined this report, including any e and correct. | accompanyin | y senedaka dila |
| Name of Authorized Person | OLADAPR | | Date 7 | 11/2023 |
| Signature of Authorized Person | | ¬ _ | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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