



**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. <b>797719</b>		2. Exact name of the limited liability company <b>MEDINA TRUCKING LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>DELIVERY APPLIANCE TO CUSTOMER'S HOUSE</b>			
5. Principal office address			City <b>PAWBUCKET</b>	State <b>R.I.</b>	Zip <b>02860</b>
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>JOSE A. MEDINA</b>			Contact Title <b>JOSE A. MEDINA</b>		
Street Address <b>51 NEWSON ST</b>			City <b>PAWBUCKET</b>	State <b>R.I.</b>	Zip <b>02860</b>
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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 CORPORATIONS DIV

**File Date** \_\_\_\_\_  
**Check No** \_\_\_\_\_  
**By:** \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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.

Jose A Medina 11-20-2015  
 Signature of Authorized Person Date

JOSE A. MEDINA  
 Print or Type Name of Authorized Person