



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

PAID
 10-06-2016
 CHECK #6536
 \$50.00

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 115921		2. Exact name of the Limited Liability Company P.A.L., LLC			
3. NAICS Code 81		4. Brief description of the character of business conducted in Rhode Island TRUCKING RANSPORTATION AND DELIVERY			
5. State of Formation RI					
6. Principal Office Address 82 LEXINGTON AVE		City PROVIDENCE	State RI	Zip 02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name PEDRO BENCOSME		Contact Title OWNER PERATOR			
Street Address 82 LEXINTON AVE		City PROVIDENCE	State RI	Zip 02907	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person PEDRO BENCOSME				Date 10-06-2016	
Signature of Authorized Person <i>Pedro D. Bencosme</i> SIGN DOCUMENT HERE					

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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 OCT 11 2016
 BY 6536 DS