State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 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.	

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1. Entity ID Number	2. Exact nam	2. Exact name of the Limited Liability Company					
001335446	CALCANO T	CALCANO TRUCKING LLC					
3. NAICS Code	4. Brief descr	4. Brief description of the character of business conducted in Rhode Island					
48-49 - Transportation and ▼	DELIVER OF FREIGHT						
5. State of Formation	1						
RI							
6. Principal Office Address			City	State	Zip		
99 THIRD AVE			CRANSTON	RI	02910		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name CESAR CALCANO			Contact Title MEMBER				
Street Address 99 THIRD AVE		City CRANSTON	State RI	^{Zip} 02910			
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							
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 Date							
CESAR CALCANO				1/-	6-10		
Signature of Authorized Person							
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

