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

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	2. Exact name of the Limited Liability Company		
972424	Gonzalez multiservice LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
81	transport of packing.		
5. State of Formation			
Rhode Island			
6. Principal Office Address	City	State	Zip
149 Anson Dr	Riverside	RI	02915
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
Walter Gonzalez			
Street Address	City	State	Zip
PO Box 15713 Riverside	Riverside	RI	02915

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
[illegible]	3/24/17
Signature of Authorized Person	
Mirna Hernandez 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

FILED
MAR 24 2017
By AC 299086