RI SOS Filing Number: 201749228470 Date: 9/5/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
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 r | 2. Exact name of the Limited Liability Company | | | | | |
| 343371 | <u> </u> | Chos: | +NUKIN9 | $\mathcal{L}\mathcal{L}\mathcal{C}$ | | | |
| 3. NAICS Code | 4. Brief de | scription of the | character of business cond | | · | | |
| 484121 | | | | | | | |
| 5. State of Formation | + | - trucking | | | | | |
| L RI | - 1 | • | • | | | | |
| 6: Principal Office Addres | SS_ | | City | State | Zip | | |
| 42 Fairfield que | | frovider | ice RI | 02909 | | | |
| 7. Mailing Address of Lim | nited Liability Compa | any and Name | or Title of Contact Person | | | | |
| Contact Name LaZaro Nota peno | | Contact Title H | Contact Title Member | | | | |
| Street Address 42 A | air field | ave | Providen | Ce State | Zip 029 09 | | |
| 8. List ALL managers (na | ames and addresse | s) of the Limite | d Liability Company, IF APPI | LICABLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | Street Address | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| | | <u> </u> | | Check the box to | indicate an attachment | | |
| 9. Resident Agent in Rhoo | le Island. This inform | ation is currently | of record with the Department of | | | | |
| | , I declare and affi | rm that I have | examined this report, incli | | | | |
| Name of Authorized Perso | · · · · · · · · · · · · · · · · · · · | | | Date | | | |
| | Lalgro | Nata | yno | 9- | 5-17 | | |
| Signature of Authorized Pe | erson /h/ | N | | · · · · · · · · · · · · · · · · · · · | | | |
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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