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State of Rhode Is	land and Providen	ice Plantations		_		
Department	of State - Bu	siness Serv	ices Division			
Annual Report for the year: 2017 Limited Liability Company					STAMP SECR	
 → Filing period: Septe → Filing Fee: \$50.00 → Penalty: Additional \$ 	mber 1 - Novem		ecember 1.	-	RECEIVEI RETARY OF REPORATION AUG -3 PH	
1. Entity ID Number 1529602		ame of the Limite		K 2: 32		
3. NAICS Code 484110		Brief description of the character of business conducted in Rhode Island TRUCKING TRANSPORTATION				
5. State of Formation RHODE ISLAND						
6. Principal Office Address 16 MARY ST			City CENTRAL FALLS	State RI	Zip 02863	
7. Mailing Address of Limit		any and Name or				
Contact Name YHOJANA HENAO			Contact Title MEMBER			
Street Address 16 MARY ST			City CENTRAL FALLS	State RI	^{Zıp} 02863	
	nes and addresse	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		1		I Check the box to	indicate an attachment	
9. Resident Agent in Rhod	e Island. This inform	mation is currently o	of record with the Department of State	Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, including a true and correct.	пу ассотрапуіі	ng schedules and	
Name of Authorized Perso YHOJANA HENAO			Date Ø	3//8		
Signature of Authorized Pe	erson /	g sign	N DOCUMENT HERE			
	10					

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

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FORM 632 - Revised: 10/2017