



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

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CORPORATIONS DIV STAMP

Annual Report for the year: 2017
Limited Liability Company

2019 MAR 27 AM 11:59

- 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 <u>1068234</u> | | 2. Exact name of the Limited Liability Company <u>Walcar LLC</u> | |
| 3. NAICS Code <u>531110</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>RIE Holding</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>162 Mayfield Ave</u> | | City <u>Cranston</u> | State <u>RI</u> |
| | | Zip <u>02920</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Carmela Natale</u> | | Contact Title <u>Pres.</u> | |
| Street Address <u>162 Mayfield Ave</u> | | City <u>Cranston</u> | State <u>RI</u> |
| | | Zip <u>02920</u> | |
| 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 |
| | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| 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 <u>Carmela Natale</u> | | Date <u>3/27/19</u> | |
| Signature of Authorized Person <u>C Natale</u> | | | |

MAIL TO:

Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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