

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

PECRETARY OF STATE CORPORATIONS OF

Annual Report for the year: 2019 Limited Liability Company

2019 MAR 29 PM 2: 15

→ 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 DUATTE DELIVEY LLC					
001672095	フ Dur	TE DEL	-MAJ LLC		
3. NAICS Code	4. Brief des	cription of the charac	ter of business conducted in R	thode Island	_
.484110		APPLIA	MCES DELIVEY IN M.A		
5. State of Formation		PI II	JE.		//4 / 5/2/1
RI				<u> </u>	
6. Principal Office Address HIG CONSIDE K & 1			City	State	Zip
			PAINTUKET	PI	02860
7. Mailing Address of Limited	Liability Compa	ny and Name or Title	of Contact Person		
Contact Name AUYURU A DUATE			Contact Title OWNER		
Street Address HSTOCK ST 3R			PAWTUKET	State	Zip 02860
8. List ALL managers (name	s and addresses) of the Limited Liabi	lity Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS
Manager Name 4 VSTU DUANTE			Manager Name		
Street Address COMSTOCK ST			Street Address		
City PAWTUCKET	- State RI	Zip 02860	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			(Check the box to i	indicate an attachment
9. Resident Agent in Rhode	Island. This inform	nation is currently of rec	ord with the Department of State.	Changes require filir	ng Form 642.
Under penalty of perjury, I statements, and that all sta			nined this report, including a and correct.	ny accompanyin	g schedules and
Name of Authorized Person	. ^	<u></u>		Date	· ·
Ayosto,	A DVA	FIE	3/29/2019		
Signature of Authorized Pers		-DUAN	E		

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

FORM 632 - Revised: 10/2017