

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 JUN -4 PH 2: 21

Annual Report for the year: **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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Entity ID Number	2. Exact name of the Limited Liability Company				
1263148	L.A Trucking 16				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
488410 5. State of Formation	Trucking				
6. Principal Office Address 74 Waltham 5+			Pautycket	State R. I	2ip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lyus Almonte			Contact Titles Cesident		
Street Address TH Waltham St			City Pantycket	State I	Zip 02860
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	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	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 B/4/19					
Signature of Authorized Person					
					

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov JUN 0 4 2019 2:21

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