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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	me of the limited liab	ility company			
142222	Cr	um's	Trucking	LLC	(562111)	
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Shode Island				
RI	Tra	sh D	sposal			
5. Principal office address	y Rd	<u></u>	cintoster	State	zip03635	
	IMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:		
Contact Name William Crum Su			Contact Title Memb	Member		
Street Address	ny R.	Q	Foster	State	Zb 00692	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHN		DRESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - DO N	OT LIST MEMBERS	
Manager Name			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	
8. RESIDENT AGENT IN RH	IODE ISLAND			· · · · · · · · · · · · · · · · · · ·		
This information is current	ly of record in th	e Office of the Sec	retary of State. Changes requi	re filing Form 642.		
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FILED 2019 1 800 1

file Date	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.		
Check No	Beundloum	8-7-19	
3y:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Beverly J Crum Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012