State of Rhode Island and Providence Plantations Department of State - Business Services Division						
Annual Report for the year:						
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					2019 AL	
					8 0	
1. Entity ID Number 1256186	2. Exact name of the Limited Liability Company God'S OWN LLC				S S C S	
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
485310)					
5. State of Formation RI	Transportation provider					
6. Principal Office Address	L		City	Tour	T	
27 Lancashire St			Providence	State	Zip ADAAA	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Rossos						
Contact Name VinCent	Lawa		Contact Title			
Street Address 7 Lancashire St			cin Providence	2 State T	zip 02908	
8. List ALL managers (names ar	nd addresses)) of the Limited Lia	ability Company JE APPLICABL	2 ML	102700	
8. List ALL managers (names and addresses) of the Limited Li Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>	<u>,</u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
						
9. Resident Agent in Rhode Island. This information is a second of 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 became are true and contained.						
The state of the s						
Name of Authorized Person		Da		Date 08 12	6/19	
Signature of Authorized Person				100/	~ 117	

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 C AUG 26 2019 7:44 BY On SDGWW