



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

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 BUS SVCS DIV

2019 AUG 27 P 3 33

Annual Report for the year: 2019  
 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.

1. Entity ID Number <b>1338120</b>		2. Exact name of the Limited Liability Company <b>LHO Xtreme Variety Transportation</b>	
3. NAICS Code <b>485999</b>		4. Brief description of the character of business conducted in Rhode Island <b>Transportation</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>34 Bridgham st</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02907</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Omobola Salau</b>		Contact Title <b>Owner</b>	
Street Address <b>34 Bridgham st</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02907</b>	
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
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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.			
<i>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.</i>			
Name of Authorized Person <b>Omobola Salau</b>			Date <b>08-27-19</b>
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

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