

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
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2019 SEP -6 P 12:36

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 001683961		2. Exact name of the Limited Liability Company JB KOLIAH TRUCKING LLC			
3. NAICS Code 484121		4. Brief description of the character of business conducted in Rhode Island TRUCKING COMPANY			
5. State of Formation RI					
6. Principal Office Address 130 TELL STREET			City PROVIDENCE	State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DANIEL KOLIAH			Contact Title OWNER		
Street Address P O BOX 23317			City PROVIDENCE	State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name DEBORAH SARTOE			Manager Name		
Street Address 130 TELL STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	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.					
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 DANIEL KOLIAH				Date 09/07/2019	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

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

SEP 06 2019
BY BXA9W
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