



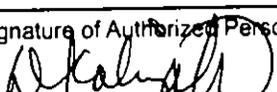
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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 KOLIYAH 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 KOLIYAH		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 KOLIYAH				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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