



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

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CORPORATIONS DIV
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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 <u>001674880</u> | | 2. Exact name of the Limited Liability Company <u>V.G. Transportation LLC</u> | |
| 3. NAICS Code <u>484121</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Trucking</u> | |
| 5. State of Formation <u>Rhode Island</u> | | | |
| 6. Principal Office Address <u>205 CROSS ST.</u> | | City <u>C.F.</u> | State <u>R.I.</u> |
| | | Zip <u>02903</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>FRANCISCO GARCIA V.</u> | | Contact Title | |
| Street Address <u>205 CROSS ST.</u> | | City <u>Central Falls</u> | State <u>R.I.</u> |
| | | Zip <u>02863</u> | |
| 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 | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 <u>Brian D...</u> | | Date <u>12-20-2019</u> | |
| Signature of Authorized Person <u>Brian D...</u> | | | |

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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