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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

2020 MAR 16 A 9: 17

Annual Report for the year: **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	2. Exact name of the Limited Liability Company				
764960	Quiroa's Trucking LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
492110					
5. State of Formation					
RINGKING					
6. Principal Office Address		ک	City	State	Zip
284 Dudlay St.			Providence	RI	02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jorga I Quiroa			Contact Title OUNCE		
Street Address P.O. Box 29448			City	State RI	z <sub>ip</sub> 02909
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					
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	_		Date - 03-16-2020		
Signature of Authorized Person					
Jorge of Munica					

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

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