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

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Annual Report for the year:  $\frac{2020}{}$ 

**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.

9	SEP 23 2020	••
BY	121	20

1. Entity ID Number	2 Evact nar	2. Exact name of the Limited Liability Company						
1687813	1	Ryanda Trucking LLC						
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island						
999999	Deliver mul	Deliver mulch, loam, etc. to homeowners						
5. State of Formation								
6. Principal Office Address			City	State	Zip			
590 Jillson Avenue			Woonsocket	RI	02895			
7. Mailing Address of Limited	Liability Compar	y and Name or Ti			<b>!</b>			
Contact Name Ryan R. Gagnon			Contact Title Owner					
Street Address 590 Jillson Avenue			City Woonsocket	State RI	<sup>Zip</sup> 02895			
8. List ALL managers (name	s and addresses)	of the Limited Lia	ibility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS			
Manager Name Ryan R. Gagnon			Manager Name					
Street Address 590 Jillson Avenue			Street Address					
City Woonsocket	State RI	Zip 02895	City	State	Zıp			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
			<u> </u>	Check the box to i	ndicate an attachment			
9. The Resident Agent inform	ation currently of	record with the R	I Department of State is accu	rate. Changes require	e filing Form 642.			
Under penalty of perjury, I on statements, and that all sta	declare and affir tements contain	m that I have exa led herein are tru	mined this report, including and correct.	g any accompanyin	g schedules and			
Name of Authorized Person				Date	Date			
Ryan R. Gagnon					9/18/20			
Signature of Authorized Person	on							

MAIL TO:

**Division of Business Services** 

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