

A	2020		FILEISTAMP						
Annual Report for the ye Limited Liability Compa	ear:			SEP 25 2020 TARY OF STATE  BY					
<ul> <li>→ Filing period: September</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00</li> </ul>			mber 1.						
		•			<u>DS</u>				
1. Entity ID Number 1335454	SERVICIO O	e of the Limited L RTEGA, LLC		·					
3. NAICS Code 48-49 - Transportation and W. 5. State of Formation RHODE ISLAND	4. Brief descri	ption of the chara	Rhode Island						
6. Principal Office Address			City	State	Zip				
246 DOUGLAS AVENUE			PROVIDENCE	RI	02908				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name ALVARO ORTEGA	4		Contact Title MANAGER						
Street Address 246 DOUGLAS AVENUE			City PROVIDENCE	State RI	<sup>Zip</sup> 02908				
8. List ALL managers (names ar	nd addresses) o	of the Limited Lial	bility Company, IF APPLICABL	LE - DO NOT LIST I	MEMBERS				
Manager Name ALVARO ORTEGA			Manager Name						
Street Address 246 DOUGLAS AV	/ENUE	•	Street Address	Street Address					
City PROVIDENCE	State RI	<sup>Zip</sup> 02908	City	State	Zip				
Manager Name			Manager Name	Manager Name					

9.	. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes requi	re filin	o Form 642.	

Zip 🕟

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

**ALVARO ORTEGA** 

Street Address

City

Date

State

09/04/2020

Zip

Check the box to indicate an attachment [

Signature of Authorized Person

affegg SIGN DOCUMENT HERE

Street Address

City

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

State

Phone: (401) 222-3040 Website: www.sos.ri.gov