RI SOS Filing Number: 202066359490 Date: 10/15/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $\underline{^{2020}}$ **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.

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|-----|---|---|------|---|
| OCT | 1 | 5 | 2020 | • |



| 1. Entity ID Number | 2. Exact na | 2. Exact name of the Limited Liability Company | | | | | | | |
|---|-------------------|---|---|----------------------|------------------------|--|--|--|--|
| 17/2230 | JG Transp | JG Transportation LLC. | | | | | | | |
| 3. NAICS Code | 4. Brief de | 4. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 484110 | Freight Tra | Freight Transportation | | | | | | | |
| 5. State of Formation | | | | | | | | | |
| Rhode Island | | | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | | | |
| 150 Leonard Jenard Dr | | | Pawtucket | RI | 02860 | | | | |
| 7. Mailing Address of Limite | d Liability Compa | any and Name o | | • | • | | | | |
| Contact Name Jose Javier Garcia | | | Contact Title Owner | Contact Title Owner | | | | | |
| Street Address PO BOX 1422 | | | City Woonsocket | State R | Zip | | | | |
| | es and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | | | |
| Manager Name Ju | | | Manager Name | Manager Name | | | | | |
| Street Addre | | | Street Address | Street Address | | | | | |
| City . | State | 7in | City | State | Zip | | | | |
| Manager Name | | | Manager Name | Manager Name | | | | | |
| Street Address | | | Street Address | Street Address | | | | | |
| City | State | Zip | City | Starte | Zip | | | | |
| | | | | Check the box to | indicate an attachment | | | | |
| 9. The Resident Agent infor | mation currently | of record with the | e RI Department of State is accu | ırate. Changes requi | re filing Form 642. | | | | |
| Under penalty of perjury, I statements, and that all st | | | examined this report, including true and correct. | g any accompanyii | ng schedules and | | | | |
| Name of Authorized Person | | | | Date / | | | | | |
| · \ | lose) |) (s | arcia | 10/10 | /30 | | | | |
| Signature of Authorized Per | son ONe | 2 | wa | 1 | - | | | | |

MAIL TO:

Division of Business Services

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

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