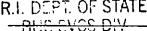
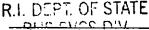
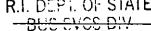
R.I. DEPT. OF STATE RECEIVED









2020 OCT 16 P # 05

Annual Report for the year:	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.

1. Entity ID Number	2 Exact name	of the Limited Lia	hility Company	 -	<u> </u>		
001686078	2. Exact name of the Limited Liability Company						
	DELEON EXPRESS LLC						
3. NAICS Code 484/21	4. Brief description of the character of business conducted in Rhode Island						
TRNSPORTATION	TRANSPORTATIO						
5. State of Formation							
6. Principal Office Address			City	State	Zip		
48 KING PILLIP ST			PROVIDENCE	RI	02909		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name SERGIC A DELECH			Contact Title				
Street Address H8 KING PHILP ST			PROVIDENCE	State RT	Zip C2909		
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	eet Address Street Address						
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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							
10-16-2020							
Signature of Authorized Person							
Aerojic A De fam							

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

OCT 1 4 2020

FORM 632 - Revised: 08/2020