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State of Rhode Island and Providence Plantations  Department of State - Business Services Division				FILES IN		
Annual Report for the year:			MAR 15 2021 2			
→ Filing period: Septemb → Filing Fee: \$50.00	ber 1 - Novem		BY			
→ Penalty: Additional \$25	0.00 fee if form	is not filed by Dec	ember 1. 		(2)	
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
764960	- Cobi	Quiroa's Trucking LLC				
3. NAICS Code	4 Brief de	4 Brief description of the character of business conducted in Rhode Island				
492110 5. State of Formation	_					
RI	Tri	SCKING				
6 Principal Office Address			City	State	Zip	
284 Dudlas	, cl		Providence	R1	02920	
7. Mailing Address of Limited		any and Name or Ti	tle of Contact Person	1	100 100	
Contact Name 70196		Quiroa	Contact Tifle			
Street Address P.O.	Box	29448	Omudence	State RI	2p 02909	
	s and addresse	s) of the Limited Lia	bility Company, IF APPLICAB	LE - 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		<del></del>	
City	State	Zip	City	State	Zip	
			· · · · · · · · · · · · · · · · · · ·	Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This inton	mation is currently of	record with the Department of Sta	te. Changes require filii	ng Form 642	
Under penalty of perjury, I statements, and that all sta	declare and at atements conti	firm that I have ex nined herein are to	amined this report, including we and correct.	g any accompanyin	g schedules and	
Name of Authorized Person To Y G	le Qui	roa		Date	23-16-isoe	
Signature of Authorized Pers		ر جسب رہ	17	·	<del></del>	
<u> </u>	to de		Lunca	<del></del>		
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MAIL TO: Division of Business Services			٧	Vineral Comment		
148 W. River Street, Provider		nd 02904-2615	<u>.</u> -	MININ A W EVEN		

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