



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
 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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 BUS SVCS DIV

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1. Entity ID Number <u>001696999</u>		2. Exact name of the Limited Liability Company <u>P.B Express, LLC</u>	
3. NAICS Code <u>445291</u>		4. Brief description of the character of business conducted in Rhode Island <u>Whole sales, we sell groceries, juice and beverages.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>144 MAURAN AVENUE, E. PROV</u>		City <u>E. PROV</u>	State <u>RI</u>
		Zip <u>02914</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Pedro Goncalves Barintia</u>		Contact Title <u>owner since 01/01/2021</u>	
Street Address <u>144 MAURAN AVENUE</u>		City <u>E. PROV</u>	State <u>RI</u>
		Zip <u>02914</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Pedro is both owner and manager</u>		Manager Name <u>Pedro Goncalves Barintia</u>	
Street Address <u>144 MAURAN AVE</u>		Street Address	
City <u>E. PROV</u>	State <u>RI</u>	Zip <u>02914</u>	
Manager Name		Manager Name	
Street Address		Street Address	
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 <u>Daniel De Andrade Costa</u>		Date <u>05/13/2021</u>	
Signature of Authorized Person <u>Daniel De Andrade Costa</u>			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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