State of Rhode Island
Department of State - Business Services Division

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2021 MAY 14 A 8:31

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001696999	P.B Express, LLC		
3. NAICS Code: 445291	4. Brief description of the character of business conducted in Rhode Island: Whole sales, we sell groceries, juice and beverages.		
5. State of Formation: RI			
6. Principal Office Address: 144 Mauran Avenue, E.Prov	City: E.Prov	State: RI	Zip: 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Pedro Goncalves Batista	Contact Title: owner since 01/01/2021		
Street Address: 144 Mauran Avenue	City: E. Prov	State: RI	Zip: 02914
8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name: Pedro is both owner and manager	Manager Name: Pedro Goncalves Batista		
Street Address: 144 Mauran Ave	Street Address		
City: E. Prov / State: RI / Zip: 02914	City / State / Zip		
Manager Name	Manager Name		
Street 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: Daniela De Andrade Costa	Date: 05/13/2020		
Signature of Authorized Person: Daniela De Andrade Costa			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY CK 89NYA
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FORM 632 - Revised: 08/2020