



Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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1. Entity ID Number <u>001700526</u>		2. Exact name of the Limited Liability Company <u>King of Heaven Trucking LLC</u>	
3. NAICS Code <u>484110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Trucking! Delivery</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address			
<u>307 Washington Ave Apt #5</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Emmanuel Lizardo</u>		Contact Title <u>owner</u>	
Street Address <u>89 Washington Ave</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. Check the box to indicate an attachment <input type="checkbox"/>			
<i>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.</i>			
Name of Authorized Person <u>Emmanuel Lizardo</u>		Date <u>05-28-2021</u>	
Signature of Authorized Person 			

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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 MAY 28 2021
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 FORM 632 - Revised: 08/2020