

Annual Report for the year: **Limited Liability Company** → Filing period: September 1 - November 1

STAMP RECEIVED

R.I. DEPT. OF STATE BUS SVCS DIV

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

2021 MAY 28 A 11: 32

		J 20	cember r.	ZUZI MAY	<del>28 A II: 32</del> —
1. Entity ID Number	2. Exact nar	me of the Limited	Liability Company		
001700526			, ,		
3. NAICS Code	ring		ren truckin	9 LLC	
484110	4. brief desc	cription of the cha	racter of business conducted	ed in Rhode Island	
5. State of Formation	tru	ckina /	$\Lambda$		•
f		C10. 3	Delivery		
BI	ļ.	•			
6. Principal Office Address	<u> </u>	1 11 11	- City		
307 Washing	on Ave	, AP # !	5 City	State	Zip
7. Mailing Address of Limited Lia	hility Composit		Providence	I BI	02905
7. Mailing Address of Limited Lia Contact Name	onity Company	and Name or Til	de of Contact Person		100103
- mm Aunel	LIZA	rdo	Contact Title	1	<del></del>
Street Address			Citya		
8. List ALL managers (names and addresses) of the Limited Liabil Manager Name			City Company 15 Asset	State	Zip
Manager Name	addresses) o	of the Limited Lial	oility Company, IF APPLICA	ABLE - DO NOT LIST A	0290T
<del></del>			Manager Name		IICIVIDERS
Street Address			Stroot Add		
City		<del></del>	Street Address		
	State	Zip	City	State	T
Manager Name		<u></u>			Zíp
Street Address	<del></del>		Manager Name		
Officer Address	————		Street Address		
City	State	72:			
	riaic	Zip	City	State	Zip
0.7		<del></del>			
9. The Resident Agent information  Under penalty of perjury, I declar	currently of red	cord with the RIF	enartment of State	Check the box to inc	dicate an attachment
Under penalty of perjury, I declar statements, and that all statemer	e and affirm (	that I have exam	ined this report install	rate. Changes require	filing Form 642.
statements, and that all statements  Name of Authorized Person	its contained	herein are true	and correct.	g any accompanying	schedules and
		•		Date	
				1	8-202/
Signature of Authorized Person	n/m	2 4		03-2	0-0001
	TAMU	<u> </u>		•	
	- me				
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MAIL TO:

**Division of Business Services** 

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

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

MAY 28 2021

FORM 632 - Revised: 08/2020