

BIRLY

Annual Report for the year: (20)

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 HAY 21 A 9 23

1. Entity ID Number	2. Exact name of the Limited Liability Company				
1668968	J.T. Trucking CLC.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
484121	pelivering general Greight				
5. State of Formation					
K. Z.					
6. Principal Office Address			City	State	Zip
55 sloop Drue			Botamouth	RI	02871
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Servey Alleca			Contact Title		
Street Address Onive			Partsmouth	State	Zip CZS71
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	State	Zip
Manager Name		<u> </u>	Maneger 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 Date					
Jessey A Vier				5/17/2	7 28 P
Signature of Authorized Person					
FILED - SYLEE					
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MAIL TO:			<u>jun</u> 0 1 2021		DIV STATS
Phone: (401) 222-3040 Website: www.sos.ri.gov)
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