



State of Rhode Island
 Department of State - Business Services Division

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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.

| | | | |
|---|-------|--|--------------------|
| 1. Entity ID Number 001683303 | | 2. Exact name of the Limited Liability Company RI Junk Auto Removal LLC | |
| 3. NAICS Code 488410 | | 4. Brief description of the character of business conducted in Rhode Island Junk Vehicle Removal | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 64 Cushing St. | | City N. Providence | State RI |
| | | Zip 02904 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Joseph DeFalco | | Contact Title owner | |
| Street Address 64 Cushing St | | City N. Providence | State RI |
| | | Zip 02904 | |
| 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 |
| | | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| <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 Joseph DeFalco | | Date 8-4-21 | |
| Signature of Authorized Person <i>Joseph DeFalco</i> | | | |

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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