

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.

R.I. DEPT. OF STATE
BUS SVCS DIV

2021 SEP -7 P 1: 40

1. Entity ID Number	10.5					
•	2. Exact name of the Limited Liability Company					
//337892	Leonelly's transportation LLC					
3. NAICS Code	NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
1 484110	transport Freight And Home Neliverys					
5. State of Formation	1 <i>1 7 77 "</i>	SPORI	riegici Andi	Home ver	rverys	
RI					V -	
6. Principal Office Address	· · · · · · · · · · · · · · · ·		City	State	Zip	
188 Mineral Sprins AV			Particket	- Rt	02860	
7. Mailing Address of Limited Li	ability Company	and Name or Tit	le of Contact Person			
Contact Name Leone Areche Street Address			Contact Title CEO			
921 Main St			Pautucket	2 State RI	02860	
8. List ALL managers (names a	ind addresses)	of the Limited Lia	bility Company, IF APPLICAE	ILE - DO NOT LIST N	IEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	0.3			
	State	Zīp	City	State	Zîp	
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.						
9. The Resident Agent Informat	on currently of r	record with the R	Department of State is accu	rate. Changes require	filing Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and affirm ments containe	n that I haye exa ed herein are tru	mined this report, including the and correct.	g any accompanying	g schedules and	
<i>F</i>	_conq	VAre	che	Date 9/7/2/		
Signature of Authorized Person						
	74		7	FILED	C	
MAIL TO:				•		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 07 2021