State of Rhode Island 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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			moer 1.				
1. Entity ID Number	2. Exact name of the Limited Liability Company						
1337892							
o NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
484110	transport Kraight n / 12 mg/ 15						
5. State of Formation	Transport Freight And Home neliverys						
LRI					•		
6. Principal Office Address			City	Chala	T_:		
188 Mineral Sprins Av			Particket	State	2ip 02860		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Leone Areche			Contact Title CEO				
Street Address 921 Main St			Pautucket	State RT	Zip 02860		
8. List ALL managers (names a							
Manager Name	Manager Name Manager Name						
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
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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 fing Form 643							
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							
Leong Area			the	9/7	/21		
Signature of Authorized Person							
- FTUUMATA							
MAIL TO:				FILED C	_		

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

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