→ 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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Entity ID Number	2. Exact name of the Limited Liability Company					
1337892	Leonelly's transportation, LLC					
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
484110	The character of dusiness conducted in Rhode Island					
5 State of Formation	Transport Freight And Home Neleverys					
RI					<i>0 &gt;</i>	
6. Principal Office Address	l	<del></del>	City	Tour	<u> </u>	
188 Mineral Sprins AV		Douttickat	State	2ip 02960		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Leone Areche		Contact Title CEO				
Street Address Man St		CityPautucket	State RT	zip 02860		
B. List ALL managers (names an	d addresses) of	the Limited Liabi	ility Company, IF APPLICABLE - D	O NOT LIST ME	MBERS	
Manager Name Manager Name						
Street Address Street Address		Street Address		<del></del>		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address						
Street Address						
City	State	Zip	City	State	Zip	
			Che	agk the how to in a		
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 persin are true and correct.						
Name of Authorized Conse						
Leong/ Areche			Date 9/2/2/			
Signature of Authorized Person						
- HUWAY						
	77			FI	ED C	
MAIL TO:	-		SEP 07 2021			
Division of Business Services				Λ	/	

Division of Business Services

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

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

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