



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2017  
Limited Liability CompanyRECEIVED STAMP  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 SEP -7 P 1:40

- 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<br><u>1337892</u>                                                                                                                                                                |                | 2. Exact name of the Limited Liability Company<br><u>Leonelly's transportation LLC</u>                                      |                                        |
| 3. NAICS Code<br><u>484110</u>                                                                                                                                                                       |                | 4. Brief description of the character of business conducted in Rhode Island<br><u>transport Freight And Home deliveries</u> |                                        |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |                |                                                                                                                             |                                        |
| 6. Principal Office Address<br><u>188 Mineral Springs AV</u>                                                                                                                                         |                | City<br><u>Pawtucket</u>                                                                                                    | State<br><u>RI</u> Zip<br><u>02860</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                |                                                                                                                             |                                        |
| Contact Name<br><u>Leonel Areche</u>                                                                                                                                                                 |                | Contact Title<br><u>CEO</u>                                                                                                 |                                        |
| Street Address<br><u>921 Main St</u>                                                                                                                                                                 |                | City<br><u>Pawtucket</u>                                                                                                    | State<br><u>RI</u> Zip<br><u>02860</u> |
| 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            | City                                                                                                                        | State                                  |
| Manager Name                                                                                                                                                                                         | Manager Name   |                                                                                                                             |                                        |
| Street Address                                                                                                                                                                                       | Street Address |                                                                                                                             |                                        |
| City                                                                                                                                                                                                 | State          | Zip                                                                                                                         | City                                   |
| State                                                                                                                                                                                                | Zip            | City                                                                                                                        | State                                  |
| 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.                                                                  |                |                                                                                                                             |                                        |
| 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<br><u>Leonel Areche</u>                                                                                                                                                    |                | Date<br><u>9/7/21</u>                                                                                                       |                                        |
| Signature of Authorized Person<br>                                                                                                                                                                   |                |                                                                                                                             |                                        |

## MAIL TO:

Division of Business Services

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FILED

SEP 07 2021

BY CU TEGPV

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