



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001711843

**2. Exact Name of the Limited Liability Company** From The Ground Up Owner Operator LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

484121

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

INDEPENDENT CONTRACTING/FREIGHT DELIVERY

**5. Principal Office Address**

No. and Street: 319 POCASSET AVENUE

UNIT 1

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: VAUGHN X MARTIN Contact Title: CEO

No. and Street: 928 SMITH STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	VAUGHN X MARTIN	928 SMITH STREET PROVIDENCE, RI 02908 USA
MANAGER	MATTHEW CORREIA	40 PETER STREET

		PROVIDENCE, RI 02904 USA
MANAGER	THOMAS CORREIA	107 BRUSH HILL ROAD PROVIDENCE, RI 02909 USA
MANAGER	PAUL D AUBIN	140 CHARLIES WAY PROVIDENCE, RI 02909 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

THOMAS CORREIA 107 BRUSH HILL ROAD PROVIDENCE , RI 02909

*Signed this 13 Day of September, 2021 at 1:58:06 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By VAUGHN X MARTIN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved