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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001701540	MONZON TRANSPORTATION LLC		
3. NAICS Code 484121	4. Brief description of the character of business conducted in Rhode Island DELIVERY TRANSPORTATION OF HOME APPLIANCES.		
5. State of Formation RI			
6. Principal Office Address 71 DARLING ST, 3 FL	City CENTRAL FALLS	State RI	Zip 02863
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ESGAR MONZON	Contact Title OWNER		
Street Address 71 DARLING ST, 3 FL	City CENTRAL FALLS	State RI	Zip 02863
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		
Manager Name	Manager Name		
Street Address	Street Address		
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 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 ESGAR MONZON	Date 07OCT2021		
Signature of Authorized Person ESgar MONZON			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY W68RB
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FORM 632 - Revised: 08/2020