



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2021**  
**Limited Liability Company**

OCT 18 2021  
 EV-8 7304

- 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><b>1676499</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>JR TRUCKING, LLC</b>                              |                                 |                         |                     |
| 3. NAICS Code<br><b>484110</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>GENERAL TRUCKING</b> |                                 |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                        |                                 |                         |                     |
| 6. Principal Office Address<br><b>37 GEM STREET</b>                                                                                                                                                         |       |                                                                                                        | City<br><b>NORTH PROVIDENCE</b> | State<br><b>RI</b>      | Zip<br><b>02904</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                        |                                 |                         |                     |
| Contact Name <b>JOHN MCCAUGHEY</b>                                                                                                                                                                          |       |                                                                                                        | Contact Title <b>MEMBER</b>     |                         |                     |
| Street Address <b>37 GEM STREET</b>                                                                                                                                                                         |       |                                                                                                        | City <b>NORTH PROVIDENCE</b>    | State <b>RI</b>         | Zip <b>02904</b>    |
| 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 <input type="checkbox"/>                                                                                                                                            |       |                                                                                                        |                                 |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                        |                                 |                         |                     |
| <b>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.</b> |       |                                                                                                        |                                 |                         |                     |
| Name of Authorized Person<br><b>JOHN MCCAUGHEY, MEMBER</b>                                                                                                                                                  |       |                                                                                                        |                                 | Date<br><b>1 Oct 21</b> |                     |
| Signature of Authorized Person<br><i>John McCaughey</i>                                                                                                                                                     |       |                                                                                                        |                                 | SIGN DOCUMENT HERE      |                     |

**MAIL TO:**

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: [www.sos.ri.gov](http://www.sos.ri.gov)