State of Rhode Island
Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS SVCS DIV
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Annual Report for the year: 2021
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		
000972424	Gonzalez Multi Service LLC		
3 NAICS Code: 48112	4. Brief description of the character of business conducted in Rhode Island: Transport of Packing		
5. State of Formation: RI			
6. Principal Office Address: 149 Anson Dr.	City: Riverside	State: RI	Zip: 02915
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Walter Gonzalez	Contact Title: President		
Street Address: 149 Anson Dr.	City: Riverside	State: RI	Zip: 02915
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: Walter Gonzalez	Date: 11/30/2021		
Signature of Authorized Person			

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

FILED
NOV 30 2021
BY [illegible]
Last Revised: 08/2020