State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
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		
CCC97.2424	Gonzalez multiservice LLC.		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
481112	Transport of Packing		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
149 Anson Dr.	Riverside	RI	02915
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
Walter Gonzalez	President		
Street Address	City	State	Zip
149 Anson Dr.	Riverside	RI	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	Date
Walter Gonzalez	11/30/2021
Signature of Authorized Person.	

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

FILED 3:15

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BY [illegible]

FORM 632 - Revised 05/2021