## State of Rhode Island **Department of State - Business Services Division**

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BUS SVCS DIV

2021 DEC -1 P 3: 44

Annual Report for the year: 202**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.

Entity ID Number	2. Exact name of the Limited Liability Company					
1710372	Lawrence Travels and General Service LL					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
561510						
5. State of Formation	Tro	werl	X	General	Sen	Vicu
6. Principal Office Address					State	Zip
14 Glen meadows Dr			Pa	wtucket	RI	02861
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Lawrence B: Owner			Contact Title Manager			
Street Address it Glen Meadows Dr			City P	autucker	State R	zip 02-861
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Lawrence B. Ownin			Manager Name Lawrence B. Ownsu			
Street Address 14 Glen meadows Dr			Street Address Glen Meadows Dr			
City Paw touket	State	ZipONSC \	City	whicker	State R \	Zip 07871
Manager Name Ciw			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						
Lawren	Ce Bo	sadu	$\mathcal{Q}$	MRN	12-11	12021
Signature of Authorized Person						
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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