

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.

FILED STAMP DEC 0 9 2021

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1. Entity ID Number	12 Eugat - 11 - 1	415-1 4-41:				
001683728	2. Exact name of the Limited Liability Company GOMEZ TRANSPORTATION LLC					
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NAGS CODE	Brief description of the character of business conducted in Rhode Island TRUCKING SERVICES					
5. State of Formation		** . *			about 1875 27	
RI		** **	i de la companya de l	• •••	A 60 5	
Principal Office Address		-	City	State	Zip	
33 LAWNACRE DR			NORTH PROVIDENCE	RI ,	02911	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name CHARLY B GOMEZ FERNANDEZ			Contact Title SOLE MBR			
Street Address 33 LAWNACRE DR			City NORT PROVIDENCE	State RI	^{Zip} 02911	
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			
C ty	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
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		
CHARLY B GOMEZ FERNANDEZ				212/07/2021		
Signature of Authorized Person						
Chaly Gomes						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov