State of Rhode Island
and Providence Plantations
Office of the Secretary of State

***A. Ralph Mollis,** Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2021

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of $25.00*

1. ID No.	2. Exact name of the limited liability company
001713096	R & R HOME DELIVERY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	TRUCKING

5. Principal office address	City	State	Zip
20 ATLANTIC AVENUE, 2ND FLOOR	PROVIDENCE	RI	02907

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ANTHONY A GONZALEZ ROQUEZ	PRESIDENT

Street Address	City	State	Zip
20 ATLANTIC AVENUE, 2ND FLOOR	PROVIDENCE	RI	02907

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ('X' BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
ANTHONY A GONZALEZ ROQUEZ	20 ATLANTIC AVENUE, 2ND FLOOR	PROVIDENCE	RI	02907

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 DEC 13 P 12:13

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

001713096

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.

Signature of Authorized Person *Date*

ANTHONY A GONZALEZ ROQUEZ

Print or Type Name of Authorized Person

File Date FILED

Check No.

DEC 13 2021

By BY

FOR SECRETARY OF STATE USE ONLY

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