



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2021

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                                                                                                                                                                                             |  |                                                                                                       |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001693328</b>                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br><b>BCA CONTRACTING SERVICES LLC</b>                 |                    |
| 3. NAICS Code<br><b>492110</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Courier service</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |  |                                                                                                       |                    |
| 6. Principal Office Address<br><b>375 Maple Valley Rd</b>                                                                                                                                                   |  | City<br><b>Coventry</b>                                                                               | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02816</b>                                                                                   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                       |                    |
| Contact Name<br><b>Brian Anderson</b>                                                                                                                                                                       |  | Contact Title                                                                                         |                    |
| Street Address<br><b>303 Landing Lane</b>                                                                                                                                                                   |  | City<br><b>Sneads Ferry</b>                                                                           | State<br><b>NC</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>28460</b>                                                                                   |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                       |                    |
| <i>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.</i> |  |                                                                                                       |                    |
| Name of Authorized Person<br><b>Brian Anderson</b>                                                                                                                                                          |  | Date<br><b>12/16/2021</b>                                                                             |                    |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                       |                    |

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MAIL TO:

Division of Business Services

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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