

## Department of State - Business Services Division

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196 \$19 (68) \$151

Annual Report for the year: 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	2. Exact name of the Limited Liability Company		
001335372	ARCC tr	ucking 16	<u></u>
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
484/21			
5. State of Formation	1	, ¬	1 11
RI	truck +	runsport t	TaT beq
6. Principal Office Address		City	State Zip
30 clyde	street	providence	RI 02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Alicia Contact Title Perez			
Street Address 47 MAP	le Ave	city thomaston	State c7 Zip 06 787
8. 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
Alvaro t.	Herrera		1-3-23
Signature of Authorized Rerson			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

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