

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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R.I. DEPT. OF	STATE				
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Entity ID Number	2. Exact name of the Limited Liability Company					
000792806	All State transportation LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
\$\frac{485310}{5. State of Formation}	Takis Servicus					
RI						
6. Principal Office Address		City	State	Zip		
78 Sprague Av	c CRanston		RI	02910		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Sherif Ali Contact Title President						
Street Address 78 Sprague Dove		city CRanston	State	Zip 02910		
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 Sheriff. Ali		Date 2-1-23				
Signature of Authorized Person						

FILED

MAIL TO:

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

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