RI SOS Filing Number: 202330139030 Date: 3/7/2023 9:42:00 AM



State of Rhode Island

Department of State - Business Services Division

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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			
001718519	Megalifter Moving 11C			
3. NAICS Code	4. Brief description of the character of buginess conducted in Rhode Island			
484210	Moving and logistics			
5. State of Formation	d J			
Rhode Island				
6. Principal Office Address		City	State	Zip
181 Glenbridge	ave	Providence	RI	02909
	ibility Company and Name or Title	e of Contact Person		
Contact Name Youndy Vargas		Contact Title Quiner operator		
Sueel Address .	nbridge ave	City Providence	State 2	Zip 07909
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	
Youndy Vargas			3/7/23	
Signature of Authorized Person				

FILED 947 MAR 07 2023 BY_KIM57

MAIL TO:

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

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