	State of Rhode Island Fe Office of the Secretary of State	ee: \$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability Annual Report Filing Period: Feb		
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.		
ANNUAL REPOR	RT YEAR: <u>2023</u>	
1. ID No. <u>001</u>	1742908	
2. Exact Name of the Limited Liability Company Frozen Logistics, LLC.		
3. State of Form	nation	
State: <u>RI</u>		
ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>484110</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
GENERAL FRE	EIGHT TRUCKING AND LOGISTICS	
5. Principal Offic	ce Address	
No. and Street:	<u>76 WALLACE ST</u> FL. <u>2</u>	
City or Town:	PROVIDENCE State: <u>RI</u> Zip: <u>02909</u> Country: <u>USA</u>	<u>4</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: No. and Street:	SHENERY PENA Contact Title: OWNER <u>76 WALLACE ST</u> <u>FL. 2</u>	
City or Town:	PROVIDENCE State: <u>RI</u> Zip: <u>02909</u> Country: <u>US</u>	A

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TASHIA BODDEN-TORIBIO 1264 ELMWOOD AVENUE PROVIDENCE , RI 02907

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

Signed this 20 Day of April, 2023 at 10:54:35 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>SHENERY PENA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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