RI SOS Filing Number: 202336327260 Date: 5/30/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE

SUD SYCS DIV

2023 NAY 30 P 2: 03

Annual Report for the year: 2023
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                              |                     |       |         |
| 001707956  | AMADO'S TRUCKING LLC  |                     |       |         |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                     |       |         |
| 484121   | Teacking  |                     |       |         |
| 5. State of Formation  | TRANSPORTATION SERVICE  |                     |       |         |
| KI   |   |                     |       |         |
| 6. Principal Office Address  | · · · · · · · · · · · · · · · · · · ·                                       | City                | State | Zip     |
| 5KiDS WAYS   |   | PANTUCKET           | K.J.  | 02861   |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                     |       |         |
| Contact Name FRANCISLO AM ADO  |   | Contact Title OWAGE |       |         |
| Street Address 5 KIDS WAY  |   | CHY PAW fUCKET      | State | 2007860 |
| 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  | 0/23    |
| + RANCIS   | say Ampoo   |                     | 5/31  | 0143    |
| Signature of Authorized Person   |   |                     |       |         |
| V  | A.  | 7                   |       |         |

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MAY 8 0 2023 BY MAL AG 2BG

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 632 - Revised: 2/2023