

## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024

-> 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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| 1, Entity ID Number   | 2. Exact name of the Limited Liability Company                              |               |                 |            |  |
|---|---|---------------|-----------------|------------|--|
| 1720447   | RICKY'S Touling LLC   |               |                 |            |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |               |                 |            |  |
| 488410  |   |               |                 |            |  |
| 5. State of Formation   | Tail Tour   |               |                 |            |  |
| RJ  | TOW Truck   |               | · <del> •</del> |            |  |
| 6. Principal Office Address   |   | City          | State           | Zip        |  |
| 19 Lark avenue  |   | Cranston      | RU              | 02920      |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |               |                 |            |  |
| Ricardo A Montilla  |   | Contact Title |                 |            |  |
| Street Address  |   | City          | State           | Zip        |  |
| 19 Lark avenue  |   | cranston      | <u> </u>        | 02970      |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |               |                 |            |  |
| 9. 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            |            |  |
| Ricaldo modifica  |   |               | 11/90           | 11/29/2023 |  |
| Signature of Authorized Person / /  |   |               |                 |            |  |
| KicaRen Month/A   |   |               |                 |            |  |

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FORM 632 - Revised: 04/2023

MAIL TO:

Division of Business Services

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