



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV FOR SECRETARY OF STATE
USE ONLY
2024 JAN 19 P 12: 23

Annual Report for the year: 2024
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 001710911		2. Exact name of the Limited Liability Company LATEPO LLC	
3. NAICS Code 441120		4. Brief description of the character of business conducted in Rhode Island TRANSPORTATION MTN NON EMERGENCY	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 155 ALVERSON AVE		City PROVIDENCE	State RI
		Zip 02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name SULE POPOLZA		Contact Title OWNER	
Street Address 155 ALVERSON AVE		City PROVIDENCE	State RI
		Zip 02909	
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 SULE POPOLZA		Date 01/19/2024	
Signature of Authorized Person 			

FILED 1223
JAN 19 2024
BY TGJWC

MAIL TO:
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