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

Annual Report for the year: 1 **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.

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Entity ID Number	2. Exact name of the Limited Liability Company				
M1724841	AKONINA TRUCKING LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
984121	Transportation of bads on a				
5. State of Formation	flat bed				
RI	+1001 50.				
6. Principal Office Address		City_	State	Zip	
88 Bogman	, St.	Providence	21	02905	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Contact Title				
Joan C. Sua.	<del>-C2</del>	SIR			
Street Address	son S-1.	city Providence	State 2	Zip 02905	
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		
Moria R. Mejia		03/05/24			
Signature of Authorized Person					
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MAIL TO:

**Division of Business Services** 

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

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