



State of Rhode Island
Department of State - Business Services Division

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03-09-2024
CHECK # 7899
\$ 50.00

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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 000115921		2. Exact name of the Limited Liability Company P.A.L. LLC	
3. NAICS Code 484120		4. Brief description of the character of business conducted in Rhode Island TRUCKING	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 82 LEXINGTON AVENUE		City PROVIDENCE	State RI
Zip 02907			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name PEDRO BENCOSME		Contact Title OWNER	
Street Address 82 LEXINGTON AVENUE		City PROVIDENCE	State RI
Zip 02907			
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 PEDRO BENCOSME		Date 3/9/24	
Signature of Authorized Person X Pedro A. Bencosme.			

MAIL TO:
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