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

Annual Report for the year: **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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1. Entity ID Number	2. Exact name of the Limited Lia	blity Company	·		
1748677	AD LOGISTICS LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
484110	TRUKKING COMPANY				
5. State of Formation	1	•			
RI	·	·	_		
6. Principal Office Address	·	City	State	Zip	
98 STanwood	<i>57</i>	Providence	RI	02907	
7. Malling Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
ANEUDY DELJADO		Sole OWNEY Chy Providence RI 07907			
Street Address		City	State	Zip	
98 STanwood	ST	18001dence	RI	07907	
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 deciare 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			
Aneudy Delgado			04-22-24		
Signature of Authorized Person					
Anerely Delgado					

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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