

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.

| | | | <u>· </u> | | |
|---|--|---|---|-------|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
| 1748677 | AD LOSISTICS LL | AD LOGISTICS LLC | | | |
| 3. NAICS Code | 4. Brief description of the charac | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 484110 | TRUKKING COMPO | TRUKKING COMPANY | | | |
| 5. State of Formation | 1 | · | | | |
| RI | | · | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 98 STanwood ST | | Providence | RI | 02907 | |
| 7. Malling Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| ANEUDY DELGADO | | Sple OWNEY | | | |
| Street Address | | Cliv | State | Zip | |
| 98 STanwood | ST | providence | RZ | 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 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 | | | |
| Aneudy Delgado | | <u> </u> | 04-27-24 | | |
| Signature of Authorized Person | | | | | |
| Anergy Delgado | | | | | |

MAIL TO:

Division of Business Services

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