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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024 ______

→ 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 Liability Company						
000974323	401 AUTO TRANSPORT LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
484121	GENERAL FREIGHT TRUCKING, LONG DISTANCE AND TRUCKLOAD						
5. State of Formation	1						
RI							
6. Principal Office Address		City	State	Zip			
28 LYNCH STREET		PROVIDENCE	RI	02908			
7. Mailing Address of Limited Lia	bility Company and Name or Ti	tle of Contact Person					
Contact Name SAMUEL NUNEZ		Contact Title PRESIDENT					
Street Address 28 LYNCH STREET		City PROVIDENCE	State RI	^{Zip} 02908			
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				
VINCENT LEVROS							
Signature of Authorized Person A Down							

FILED

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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