

**State of Rhode Island
Department of State - Business Services Division****FILED'****MAY 02 2024****BY** 103
DS**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 001748043		2. Exact name of the Limited Liability Company Trusted All Goods LLC	
3. NAICS Code 454110		4. Brief description of the character of business conducted in Rhode Island Online Retail Sales / E-Commerce	
5. State of Formation Rhode Island			
6. Principal Office Address 32 Norma St		City Johnston	State RI
		Zip 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Miguel I Rosales Mejia		Contact Title Manager	
Street Address 32 Norma St		City Johnston	State RI
		Zip 02919	
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 Miguel I Rosales Mejia		Date 04/28-2024	
Signature of Authorized Person 			

MAIL TO:

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