



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

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 FOR SECRETARY OF STATE USE ONLY

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 <b>001723305</b>		2. Exact name of the Limited Liability Company <b>ATLANTICA DISTRIBUTION, LLC</b>	
3. NAICS Code <b>423690</b>		4. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE DISTRIBUTION</b>	
5. State of Formation <b>RHODE ISLAND</b>			
6. Principal Office Address <b>131 FAIRVIEW AVENUE</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
		Zip <b>02864</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>VICTOR GONZALEZ</b>		Contact Title <b>MANAGER</b>	
Street Address <b>131 FAIRVIEW AVENUE</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
		Zip <b>02864</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person <b>VICTOR GONZALEZ</b>		Date <b>01/01/2024</b>	
Signature of Authorized Person <i>Victor J. Gonzalez</i>			

**MAIL TO:**  
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