RI SOS Filing	Number: 202454517260	Date: 5/13/2024 4:00:00 PM	Л		
State of Rhode Department of	siand of State - Business Serv	rices Division		22 22 25 25 25 25 25 25 25 25 25 25 25 2	
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.				A. P. P. P. B.	
1. Entity ID Number	2. Exact name of the Limite	d Liability Company			
001760193	MIS Trucking LLC.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
409110	my czyg	o transportation	oν.		
5. State of Formation	0.7 -0.9				
6. Principal Office Address		City	State	Zip	
II pungansel	T ST	Providence	KI	02908	
	Liability Company and Name or	Title of Contact Person			
Me Win Di	& Z.	Contact Title			
Street Address LI DUM GINSETT ST.		Providence	State	02908	

3. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

9. Under penelty 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.

FILED

MAY 1 3 2024

Vλ

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Name of Authorized Person

Signature of Authorized Person