-		
	State of Rhode Island Fee: \$50.0 Office of the Secretary of State	00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	- 1
1636	(401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1		
refusing to file its	ith R.I.G.L. 7-16-66(d), each limited liability company failing or s annual report within thirty (30) days after the time prescribed by 6-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPO	RT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>	
1. ID No. <u>00</u>	1765844	
2. Exact Name	of the Limited Liability Company <u>ROMA DUMPING AND CARTING LLC</u>	
3. State of Forr	mation	٦
State: <u>RI</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>562998</u>		
4. Brief Descrip Island	tion of the Character of the Business Which is Actually Conducted in Rhode	
DUMPING AN	ND CARTING	
5. Principal Off	ice Address	
No. and Street:	236 INDIANA AVE	
City or Town:	<u>3RD FL</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02905</u> Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: No. and Street:	<u>ALAN RIVERA</u> Contact Title: <u>MEMBER</u> <u>236 INDIANA AVE</u> FL 3	
City or Town:	PROVIDENCE State: <u>RI</u> Zip: <u>02905</u> Country: <u>USA</u>	

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALAN RIVERA 236 INDIANA AVE 3RD FL PROVIDENCE , RI 02905

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 3 Day of June, 2024 at 1:56:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALAN RIVERA

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved