



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDG BSD  
24 JUN 3 PM 12:24:05

Annual Report for the year:  
Limited Liability Company

2024

→ 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 <u>001750681</u>		2. Exact name of the Limited Liability Company <u>Harris &amp; crew movers LLC</u>	
3. NAICS Code <u>484210</u>		4. Brief description of the character of business conducted in Rhode Island <u>providing moving services, Relocating families, homes and offices from one location to another.</u>	
5. State of Formation <u>R.I.</u>			
6. Principal Office Address <u>16 Elm St. North Prov</u>		City <u>North Providence</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Vacaronat Harris</u>		Contact Title <u>Vacaronat Harris</u>	
Street Address <u>16 Elm St.</u>		City <u>North Providence</u>	State <u>RI</u>
		Zip <u>02904</u>	
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 <u>Vacaronat Harris</u>		Date <u>6/3/2024</u>	
Signature of Authorized Person <u>Vacaronat Harris</u>			

FILED

JUN 03 2024

BY XICWD

AA.

MAIL TO:

Division of Business Services

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