

## State of Rhode Island

## **Department of Sta** on

ite - Business	Services	Divisio
2024		



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.

Entity ID Number	2. Exact name of the Limi	ted Liability Company		•	
001723809	Trinidad Rentals, LLC				
3. NAICS Code 531110	4. Brief description of the character of business conducted in Rhode Island Real Estate				
5 State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
PO Box 20125		Cranston	RI	02920	
7. Mailing Address of Limited	I Liability Company and Name (	or Title of Contact Person		_ :	
Contact Name Kenia E. Tr	inidad	Contact Title			
Street Address PO Box 20125		City Cranston	State RI	<sup>Zip</sup> 02920	
8. The Resident Agent inform	nation currently of record with th	ne RI Department of State is accu	urate. Changes require	a filing Form 642.	
9. Under penalty of perjury statements, and that all sta	, I declare and affirm that I ha tements contained herein ar	ve examined this report, include true and correct.	ding any accompany	ing schedules and	
Name of Authorized Person			Date	10 100 11	
Kenia E. Trinidad			3.22-2094		
Signature of Authorized Pers	much				

WA FILED 1020

JUL - 9 2024 BY 4363

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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