



State of Rhode Island  
Department of State - Business Services Division

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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 <u>001711323</u>		2. Exact name of the Limited Liability Company <u>CLA TRUCKING SERVICE LLC</u>	
3. NAICS Code <u>484121</u>		4. Brief description of the character of business conducted in Rhode Island <u>PULLING CONTAINERS FROM CUSTOMER WAREHOUSE</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>193 INDIANA AVE</u>		City <u>PROV</u>	State <u>RI</u>
Zip <u>02905</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>CRISTOBAL T. RINCON</u>		Contact Title <u>OWNER</u>	
Street Address <u>193 INDIANA AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02905</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 			Date <u>08/29/2024</u>
Signature of Authorized Person 			

FILED

AUG 29 2024  
BY GWALL  
1009 KJ

MAIL TO:  
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