

## State of Rhode Island

## **Department of State - Business Services Division**

Limited Liability Company

Annual Report for the year: 2024 Ahalle

→ 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 Limited Liability Company                              |               |          |       |
|---|---|---------------|----------|-------|
| 001666573   | Placencia's   | Trucking LLC  | <u>~</u> |       |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |               |          |       |
| 484 121   | Delivery  |               |          |       |
| 5. State of Formation   | Den   | rerey         |          |       |
| RI  |   |               |          |       |
| 6. Principal Office Address   |   | City          | State    | Zip   |
| 180 Pleasant St Apt 5   |   | Powweket      | RJ       | 02860 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |               |          |       |
| Contact Name  |   | Contact Title |          |       |
| TOURNY Placencia  |   | DWNCR         |          |       |
| Street Address  | <u> </u>  | City          | State    | Zip   |
| 180 Pleasont St Apt 5   |   | Tawtocket     | RI       | 02960 |
| 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     | 1     |
| Yarmy Pla   | ance  |               | 19/23    | N206/ |
| Signature of Authorized Person  |   |               |          |       |
| YOUANNY TIACENCIA   |   |               |          |       |
| 1   |   |               |          |       |

**FILED** 

MAIL TO:

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

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