RI SOS Filing Number: 202460844420 Date: 10/25/2024 4:18:00 PM



State of Rhode Island

Department of State - Business Services Division

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.

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| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|---------------------------------|---|--|-------------------|----------------------|--|
| 001758698 | A.M.E. TRUCKING LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 492110 | FURNITURE, APPLIANCE, COURIER SERVICE AND DELIVERY | | | | |
| 5. State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 38 KOSSUTH ST | | PROVIDENCE | RI | 02909 | |
| 7. Mailing Address of Limited | d Liability Company and Name | or Title of Contact Person | | <u> </u> | |
| Contact Name MIGUEL ORTIZ DURAN | | Contact Title OWNER | | | |
| Street Address 38 KOSSUTH ST | | City PROVIDENCE | State RI | ^{Zip} 02909 | |
| 8. The Resident Agent inform | nation currently of record with | the RI Department of State is accurate | e. Changes requir | e filing Form 642. | |
| | y, I declare and affirm that I h atements contained herein a | ave examined this report, including re true and correct. | any accompan | ying schedules and | |
| Name of Authorized Person | | | Date | | |
| MIGUEL ORTIZ DURAN | | | 10/25/2024 | | |
| Signature of Authorized Per- | • | <u>-</u> | • | | |
| Miguel D | stiz Duran | | | | |
| - J | | | | | |

MAIL TO:

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

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