RI SOS Filing Number: 202461128060 Date: 11/14/2024 10:40:00 AM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2022
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 | 2. Exact name of the Lir | 2. Exact name of the Limited Liability Company | | | |
|---|---|---|---------------------|----------------------|--|
| 000960362 | CABREJA EXP | CABREJA EXPRESS LLC | | | |
| 3. NAICS Code | 4. Brief description of th | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 484110 | DELIVERY AND 1 | DELIVERY AND TRANSPORTATION | | | |
| 5. State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 70 GANSETT AVE | | CRANSTON | RI | 02910 | |
| 7. Mailing Address of Limite | ed Liability Company and Name | e or Title of Contact Person | | <u>.</u> | |
| Contact Name CARLOS CABREJA | | Contact Title OWNER | | | |
| Street Address 70 GANSETT AVE | | City CRANSTON | State RI | ^{Zip} 02910 | |
| 8. The Resident Agent infor | mation currently of record with | the RI Department of State is accura | ite. Changes requir | e filing Form 642. | |
| 9. Under penalty of perjuing statements, and that all s | ry, I declare and affirm that I I tatements contained herein a | have examined this report, includir are true and correct. | ng any accompany | ing schedules and | |
| Name of Authorized Person | | | Date | | |
| Carlos u CAbrela | | | 11-14-24 | | |
| Signature of Authorized Per | rson A | | | | |
| I and M. | Corregi | | | | |

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MAIL TO:

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

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