

4.5 (2.15.4)			•••	
Entity ID Number	2. Exact name of the Limited Liab	oility Company		
001746871	MUP togistic	is LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
484121	Delivery			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
87 Hedley	lue	Johnston	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		-
Mayeobis VARGAS PLASENCIA		OUNCE.		
Street Address	3	City	State	Zip
87 Hedley Ave		Johnston	RI	02919
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	
Mayrobis Vargas			12/12/2024	
Signature of Authorized Person				
Mayrobis Vargas.				

FILED

DEC 1 2 2024

BY_UI

MAIL TO:

Division of Business Services

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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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