

## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 1004

-> Filing period: February 1 - May 1

→ Fling Fee: \$50.00

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

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1 Entire ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
001762094	Haul It	LLC			
3. NAICS Code	4. Brief description of the chr	4. Brief description of the character of business conducted in Rhode Island			
562.998	Junk Romand				
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
47 wood Ac #:	2	Barngen	RI	02.806	
7. Mailing Address of Limited	Liability Company and Name or T	Title of Contact Person			
Contact Name	Contact Title				
Leonardo Agrelli		Owner			
Street Address		Chy	State	Zip	
1301 Hope Ro	<u>{</u>	Hope	RL	a283/	
8. The Resident Agent informs	ation currently of record with the F	Al Department of State is accur	rate. Changes requir	re filing Form 642.	
	i declare and affirm that I have tements contained herein are tr		ing any accompan	ying schedules and	
Name of Authorized Person			Date		
Leonardo Agre	elli		12/5,	12024	
Signature of Authorized Person					

FILED 12:00

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BY PHC 63

(Br)

FORM 632 - Revised, 12/2023

MAIL TO:

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