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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2025

→ 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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1. Entity ID Number	2 Exact name of the Limited Lis	hility Company	·	···		
	2. Exact name of the Limited Liability Company					
001776028		Business Ll				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
485999	TRansporta	tron		•		
5. State of Formation]'''					
RI						
6. Principal Office Address		City	State	Zip		
	y Ave unitc		RI	80950		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	1	Contact Title				
SMith she	00/01	OW NER.				
Street Address		City	State	Zip		
63Llower ST.		IFAII RÎVER	IMA	12721		
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	1	_	Date			
SMith The	0000		1-27	7-25		
Signature of Authorized Person						
Y95/15						
777						

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

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