RI SOS Filing Number: 202565777380 Date: 2/24/2025 4:00:00 PM



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

Annual Report for the year: 2025 **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.

| H.G. |
|-----------------|
| EB 24 FAS: 18:1 |

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|---|--|-----------|------------------|------------|-------|--|
| 001725048 | XMEXPRESS TRUCKING LLC | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 484110 | | | | | | |
| 5. State of Formation | | 4 (2 - 4 | / | | | |
| RI | Freight transport ATEUR | | | | | |
| 6. Principal Office Address | | City | ** | State | Zip | |
| 45 liberty st #2 | | CENTRAL | Falls | RE | 02863 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Contact Title | | | _ | | | |
| OSCAR | OWNER | | | | | |
| 0 | | City | - 1/2 | State | Zip | |
| 45 Liberty St | F # 2. | CENTRA | + 49/15 | RI | 02863 | |
| 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 / | | |
| OSCAR XAJA | | | | 02/24/2025 | | |
| Signature of Authorized Person | | | | | | |
| | | | | | | |
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MAIL TO:

Division of Business Services

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

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