RI SOS Filing Number: 202566219050 Date: 3/4/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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 Limited Liability Company | | | |
|---|---|---------------|---------------|-------|
| 000797719 | MEDINA TRUCKING LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 492210 | Home depos Delivery (DELivery appliance) | | | |
| 5. State of Formation | De Home depot assomans) | | | |
| RHOJI ISLAND | | | | |
| 6. Principal Office Address | pal Office Address | | State | Zip |
| 82 ENGLEWOOD AVE | | PAULUCKET | R.I | 02860 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name | | Contact Title | | |
| JOSH A. MEDINA | | OWNER | | |
| Street Address 82 ENGLEWOOD AUL | | PAWINIULE | State K. I | 0286 |
| 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 | |
| JOSE A. MEDING | | | 3/4/2025 | |
| Signature of Authorized Person | | | | |

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 4 2025 BY B39AN 209 PS