RI SOS Filing Number: 202573202520 Date: 5/15/2025 4:00:00 PM

	State of Rhode Island Department of State - Business Services Division	REC') RID '25 KPV 15
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Annual Report for the year: UUUS		13:058
	iability Company	#6
→ Filing period: February 1 - May 1		4
	Fee: \$50.00	
	ty: Additional \$25.00 fee if form is not filed by May 31.	

Entity ID Number 2. Exact name of the Limited Liability Company					
1782010 NEURY L	NEURY Logistics LLC				
3. NAICS Code 4. Brief description of the char	acter of business conducted in Rh	ode Island			
484110 10 car con	, car container 10 ads				
5 State of Formation	1				
6. Principal Office Address	City	State	Zip		
585 public St	providence	RI	02907		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Contact Title				
NEURY BONILLA	ONER				
Street Address	City	State	Zip		
585 public St	Prodicina.	RI_	02907		
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		
NEUR Y Bonilla Signature of Authorized Person			05-15 8025		
Signature of Authorized Person					
Nelizy Bionilez					

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