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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.

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1. Entity ID Number	2. Exact name of the Limited	, , , , , , , , , , , , , , , , , , ,			
202740292	JLE	Trucks 1/C			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
4412 28	Commercial Trucks sales and Transportation				
5. State of Formation					
RI	Consultation				
6. Principal Office Address		City	State	Zip	
605 Charles s	+ AP+ 1	Prividen ce	RI	02904	
7. Mailing Address of Limited Lia	bility Company and Name or	Title of Contact Person			
Contact Name		Contact Title			
Joan Jimene	ener Manager				
Street Address		City	State	Zip	
605 Charles s		Providence	Rt	01904	
8. The Resident Agent information	on currently of record with the	RI Department of State is accura-	te. Changes requir	e filing Form 642.	
9. Under penalty of perjury, I o statements, and that all staten	leclare and affirm that I have nents contained herein are t	examined this report, including rue and correct.	g any accompan	ying schedules and	
Name of Authorized Person		Date			
Joan Jimenez		08.07.2025			
Signature of Authorized Person					

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BY NJ 66W

MAIL TO:

Division of Business Services

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

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