

## 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company							
1779702	Dinis Trans II							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
484110								
5. State of Formation	1 2 2 Siles							
RI	TRUCK DRIVER							
6. Principal Office Address		City		State	Zip			
48 Carnilli St.		North	PRAVIDENCE	RI	02904			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name		Contact Title						
FRANK DINIS		Je17						
Street Address		City		State	Zip			
42 Carovilli St.		N. PRO	) レ・	RI	02704			
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				
Michello V. Galhier				8/12	125			
Signature of Authorized Person								
Michalle T. Pothier								

FILED 8

BY BITHO

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov