

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

2024 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 Lia	bility Company	₹			
1742792	JAJA Tra	nsportation L	40			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
484121		·	•			
5. State of Formation						
RI	Trucking					
6. Principal Office Address		City	State	Zip		
1024 willest Ave		Riverside	Rt.	02915		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Hector A. Galupa		owner				
Street Address 1024 willeft	and	City Riverside	State	Zip 12915		
			KI	00//3		
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			
Hector A. Galuan		8-8-25				
Signature of Authorized Person						
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AUG 0 8 2025

MAIL TO:

**Division of Business Services** 

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

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