

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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5. T. C.		
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1. Entity ID Number	2. Exact name of the Limited Liability Company							
1053090		ress LLC						
3. NAICS Code	4. Brief description of the	character of business conducted	in Rhode Island					
484131	truckin	c ₇	•					
5. State of Formation	\ \ \ \							
RI	<u> </u>			T-1-				
6. Principal Office Address	•	City	State	Zip				
40 Babcoca		Prov.	RI	02905				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contect Name		Contact Title						
Franklin Dalosus			owner					
Street Address	<u></u> -:	City	State	Zip				
40 Bab coc	(c nd	Prov.	I Ka	07905				
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	,				
- ranklin Va.		a Jesus	10/22/25					
Signature of Authorized Person								
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MAIL'TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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

OCT 2,2 2025 BY SHOFM

FORM 632 - Revised: 12/2023