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. 2. Exact name of the Limited Liability Company 1. Entity ID Number D(=55_ 4. Brief description of the character of business conducted in Rhode Island truckin 5. State of Formation 6. Principal Office Address 02905 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Contact Name ownon Zip City 02905 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 ran Elin Signature of Authorized Person

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State of Rhode Island

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