

## 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 Liability Company							
1053090	AST EXPCESS LLC							
3. NAICS COOP 2	4. Brief description of the character of business conducted in Rhode Island  +ruclcing							
5. State of Formation	1.0-5							
RI	<u> </u>				Tato			
6. Principal Office Address	•		City	State	Zip			
40 Babcock st			Pin.	RI	02905			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name			Contact Title					
Franklin Dadosus			owner					
Street Address			City	State	Zip			
40 Bab cock of			Prov.	K-C	02905			
B. 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.								
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Signature of Authorized Person								
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MAIL TO:

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

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