



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2026: 2026

1. ID No. 001773133

2. Exact Name of the Limited Liability Company One 4 All Logistics LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

484121

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OUR TRUCKING BUSINESS IN RHODE ISLAND IS DEDICATED TO PROVIDE RELIABLE AND EFFICIENT TRANSPORTATION SOLUTIONS FOR BOTH LOCAL AND LONG-DISTANCE GENERAL FREIGHT. WITH A COMMITMENT TO EXCEPTIONAL SERVICE, WE PRIORITIZE THE SAFE AND TIMELY DELIVERY OF GOODS, ENSURING CUSTOMER SATISFACTION AT EVERY STAGE OF THE LOGISTICS PROCESS. OUR FLEET IS EQUIPPED TO HANDLE VARIOUS TYPES OF FREIGHT, AND OUR EXPERIENCED TEAM NAVIGATES CHALLENGES WITH PROFESSIONALISM AND EXPERTISE. BY FOSTERING STRONG RELATIONSHIPS WITH CLIENTS, WE AIM TO BE A TRUSTED PARTNER IN THEIR

SUPPLY
CHAIN, CONTRIBUTING TO THEIR
SUCCESS THROUGH SEAMLESS TRANSPORTATION SERVICES.

5. Principal Office Address

No. and Street: 16 AIKEN ST
City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 164 MENDON AVE
City or Town: PAWTUCKET State: RI Zip: 02861 Country: US

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

IVANICE P MENDES CORREIA 164 MENDON AVE APT 2 PAWTUCKET , RI 02861

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of February, 2026 at 10:45:42 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By GALAKTION KIRKITADZE
Signature of Authorized Person

Form No. 632
Revised 09/07

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