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State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2024  
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.

|   |  |   |             |
|---|--|---|-------------|
| 1. Entity ID Number<br>000115921  |  | 2. Exact name of the Limited Liability Company<br>P.A.L. LLC                            |             |
| 3. NAICS Code<br>484120   |  | 4. Brief description of the character of business conducted in Rhode Island<br>TRUCKING |             |
| 5. State of Formation<br>RHODE ISLAND   |  |   |             |
| 6. Principal Office Address<br>82 LEXINGTON AVENUE  |  | City<br>PROVIDENCE  | State<br>RI |
| Zip<br>02907  |  |   |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |             |
| Contact Name<br>PEDRO BENCOSME  |  | Contact Title<br>OWNER  |             |
| Street Address<br>82 LEXINGTON AVENUE   |  | City<br>PROVIDENCE  | State<br>RI |
| Zip<br>02907  |  |   |             |
| 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<br>PEDRO BENCOSME   |  | Date<br>3/9/24  |             |
| Signature of Authorized Person<br>X Pedro A. Bencosme.  |  |   |             |

**MAIL TO:**

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