STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **126858**	2. Exact name of the limited liability company **CTS, LLC**		
3. State of Formation **RHODE ISLAND**	4. Brief description of the character of business conducted in Rhode Island **LIMOSINE SERVICES**		
5. Principal office address **129 CONNELL HIGHWAY**	City **NEWPORT**	State **RI**	Zip **02840**
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name **PAUL R. MILLER**	Contact Title **MANAGER**		
Street Address **129 CONNELL HIGHWAY**	City **NEWPORT**	State **RI**	Zip **02840**
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name **PAUL R. MILLER**	Manager Name **PETER J. MILLER**		
Street Address **129 CONNELL HIGHWAY**	Street Address **129 CONNELL HIGHWAY**		
City **NEWPORT** / State **RI** / Zip **02840**	City **NEWPORT** / State **RI** / Zip **02840**		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

AUG 15 2013

By MMC
CR # 19924

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Paul R. Miller 8-13-13
Signature of Authorized Person Date

PAUL MILLER
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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