



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 **2014**

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. 000517353		2. Exact name of the limited liability company PROVIDENCE ATM SERVICES, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island PROVIDENCE ATM PROVIDES ATM SERVICES			
5. Principal office address 225 NORTHWOOD ST		City CRANSTON		State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BENITO DEL ROSARIO		Contact Title PRESIDENT			
Street Address 225 NORTHWOOD ST		City CRANSTON		State RI	Zip 02905
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.					

2:57pm

FILED

AUG 28 2015

By 255481

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2015 AUG 28 PM 2:56

File Date	_____
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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.

Benito Del Rosario
Signature of Authorized Person

08/28/2015

Date

Benito Del Rosario
Print or Type Name of Authorized Person