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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 2017

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.		ne of the limited liability	company	20010)	
106435	Casro	RIABLE RESIR	SOMS LEG	32310)	
3. State of Formation		Brief description of the character of business conducted in Rhode Island				
RI	PORTAB	PORTABLE RESTOOM RENTALS				
5. Principal office address HAMMERSMITH FARM HARRISON AVE			City NEWPORT	State RI	Zip 02840	
	F LIMITED LIABILIT	Y COMPANY AND NA	MÉ OR TITLE OF CONTACT.	ERSON:	er en	
Contact Name ROGER SOUTO			Contact Title MANAGING MEMBER			
Street Address HAMMERSMITH FARM HARRISON AVE			City NEWPORT	State RI	Zip 02840	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name ROGER SOUTO			Manager Name			
Street Address HAMMERSMITH FA	ARM HARRISON	AVE	Street Address			
City NEWPORT	State RI	Zip 02840	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 curre	ently of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.		

FILED OCT 2 3 2017
BY 14.8.6

	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.		
File Date			
Check No	19/1/17		
By:	Signature of Authorized Person Date		
	ROGER SOUTO		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012