



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 86828		2. Exact name of the Limited Liability Company Corporate Limousine Services, LLC	
3. NAICS Code 999999		4. Brief description of the character of business conducted in Rhode Island Limousine Services	
5. State of Formation Rhode Island			
6. Principal Office Address 417 Smithfield Avenue		City Providence	State RI
		Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Michael A. Tartaglione		Contact Title Manager	
Street Address 417 Smithfield Avenue		City Providence	State RI
		Zip 02904	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Michael A. Tartaglione		Manager Name	
Street Address 417 Smithfield Avenue		Street Address	
City Providence	State RI	Zip 02904	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
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 Michael A. Tartaglione, Member		Date	
Signature of Authorized Person 			

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BUS SVCS DIV
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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