



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
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Annual Report for the year: 2018
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 <u>000541875</u>		2. Exact name of the Limited Liability Company <u>CMSE Services LLC</u>	
3. NAICS Code <u>236118</u>		4. Brief description of the character of business conducted in Rhode Island <u>residential remodeling company</u>	
5. State of Formation <u>MA</u>			
6. Principal Office Address <u>482 Southbridge St Suite 268</u>		City <u>Auburn</u>	State <u>MA</u>
		Zip <u>01501</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Sean Noonan</u>		Contact Title <u>owner</u>	
Street Address <u>482 Southbridge St Suite 268</u>		City <u>Auburn</u>	State <u>MA</u>
		Zip <u>01501</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Sean P. Noonan</u>		Manager Name	
Street Address <u>17 Evergreen Lane</u>		Street Address	
City <u>Fiskdale</u>	State <u>MA</u>	City	State
Zip <u>01518</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>Sean P. Noonan</u>		Date <u>12/21/18</u>	
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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