

SECRETARY OF STATE CORPORATIONS DIV

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	2. Exact name of the Limited Liability Company				
000541875	CMSR Services LLC				
3. NAICS Code	4. Brief descrip	ter of business conducted in Rho	ode Island		
236118	residential remodeling company				
5. State of Formation	,,,,,,,,		J 20 Pares	7	
6. Principal Office Address 482 Southbridge St Suite 268			City Auburn	State M.A	D(50(
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Scan Noonan			Contact Title SWNCV		
Street Address 482 South bridge St Sullo 268			city Auburn	State	zip 01501
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Sean P. Nochan			Manager Name		
Street Address 17 Evergreen lane			Street Address		
city Fishdale	State MA	^{ZI} B JSB	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
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				Date	
Sean P. Noonan				12/	21/18
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

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