



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: 2016

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

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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