



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

OCT. 07 2019

Annual Report for the year: 2019
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.

BY

 116
 [Signature]

1. Entity ID Number 954033		2. Exact name of the Limited Liability Company Services, LLC			
3. NAICS Code 541519		4. Brief description of the character of business conducted in Rhode Island Provide computer and internet services			
5. State of Formation RI					
6. Principal Office Address PO BOX 4501			City Middletown	State RI	Zip 02842
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Frank Rattay			Contact Title Member		
Street Address PO BOX 4501			City Middletown	State RI	Zip 02842
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Frank Rattay				Date 9-30-19	
Signature of Authorized Person [Signature]					

MAIL TO:**Division of Business Services**

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