



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

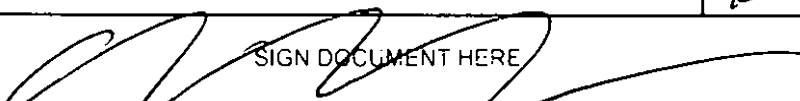
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R.I. DEPT. OF STATE
BUS SVCS DIV

2019 OCT 11 A 10:00
STAMP

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.

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1679468		2. Exact name of the Limited Liability Company CSBA0124 LLC			
3. NAICS Code 114119		4. Brief description of the character of business conducted in Rhode Island FISHING TEAM TOURNAMENTS			
5. State of Formation RI					
6. Principal Office Address 73 HARTFORD AVENUE			City WAKEFIELD	State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CHRISTOPHER SOLEAU			Contact Title MEMBER		
Street Address P.O. BOX 1			City MARLBOROUGH	State CT	Zip 06447
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					
<i>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.</i>					
Name of Authorized Person CHRISTOPHER SOLEAU				Date 10-11-19	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

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

FILED

OCT 11 2019

BY CK 16572

10:00