RI SOS Filing Number: 201929583870 Date: 12/6/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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.

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1 Entity ID Number	2. Exact name of the Limited Liability Company						
001 670 560	CM	Tool	s and	Equip	ment L	-LC	
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
541110	4. Brief description of the character of business conducted in Rhode Island 17 Birchfield St Tool & Garipment Fairhaven, MA 02719 Sales						
5. State of Formation	Fairhoven, MA 02719 Cales						
RZ.	ra,	1< DO161	, MA	U & 111	S	wes	
6. Principal Office Address			City		State	Zip	
17 Birchfield St			Fairh	laven	MA	02719	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Carlos Matias			Contact Title OWNET				
Street Address Chfield St			City Fuic	haven	State MA	Zip 02719	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Caclos Matias		Manager Name					
Street Address Birchfield St		Street Address					
City Fairhaven	State A A	62719	City		State	Zip	
Manager Name			Manager Name				
Street Address		Street Address					
City	State Z	ľip.	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 11/5/19			
UNS Agents LLC							
Signature of Authorized Person							
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sns.d.cov

Website: www.sos.ri gov

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