



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

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.

FILED
STAMP

DEC 30 2019

BY 1292
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1. Entity ID Number 000086828		2. Exact name of the Limited Liability Company Corporate Limousine Services, LLC			
3. NAICS Code <u>812990</u>		4. Brief description of the character of business conducted in Rhode Island Limousine Services			
5. State of Formation Rhode Island					
6. Principal Office Address 417 Smithfield Avenue			City Providence	State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael A. Tartaglione			Contact Title Manager		
Street Address 417 Smithfield Avenue			City Providence	State RI	Zip 02904
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael A. Tartaglione			Manager Name		
Street Address 417 Smithfield Avenue			Street Address		
City Providence	State RI	Zip 02904	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 Michael A. Tartaglione, Member.				Date <u>12-12-19</u>	
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