

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
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					
000918023	CARI	CARIBBEAN EXECUTIVE SOLUTIONS LLC					
3 NAICS Code 5. State of Formation RI	I	Brief description of the character of business conducted in Rhode Island ACCOUNTING & CONSULTING SERVICES					
6 Principal Office Address			City	State	Zip		
6145 POST ROAD			NORTH KINGSTOWN	RI	02852		
7 Mailing Address of Limited		any and Name o	r Title of Contact Person		<u></u>		
Contact Name SEAN R. DOHERTY, ESQ.			Contact Title REGISTERED AGENT				
Street Address 6145 POST ROAD, UNIT 6			City NORTH KINGSTOWN	State RI	Zip 02852		
	and addresse	s) of the Limited	Liability Company, IF APPLICABLE -	DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
Manager Name			Manager Name				
Stree: Address			Street Address				
City	State	Zıp	City	State	Zıp		
			Cr	neck the box to i	ndicate an attachment		
			of record with the Department of State Ch				
Under penalty of perjury, I d statements, and that all stat	eclare and aff ements conta	irm that I have ined herein are	examined this report, including any true and correct.	/ accompanyin	g schedules and		
Name of Authorized Person			Date				
ESTEBAN CRUZ			04/29/2020				
Signature of Authorized Perso	n	SIG	N 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

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FORM 632 - Revised: 10/2017