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

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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.

1. Entity ID Number **001679526**	2. Exact name of the Limited Liability Company **Trade Mark Sign Limited Liability Company**
3. NAICS Code **238990**	4. Brief description of the character of business conducted in Rhode Island **Sign Installation and Service**
5. State of Formation **New Jersey**	

6. Principal Office Address	City	State	Zip
631 Herman Rd	**Jackson**	**NJ**	**08527**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Susan Rolls**		Contact Title **Permit Expediter**	
Street Address **631 Herman Rd**		City **Jackson**	State **NJ** / Zip **08527**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **Dorothy Alpay**			Manager Name **Thomas Menshouse**		
Street Address **631 Herman Rd**			Street Address **631 Herman Rd**		
City **Jackson**	State **NJ**	Zip **08527**	City **Jackson**	State **NJ**	Zip **08527**
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 **Susan Rolls**	Date **8/18/20**

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
AUG 21 2020
BY FZG.T.J
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FORM 632 - Revised: 10/2017