



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

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
TAMP

OCT 26 2020

BY: 3184 DS

1. Entity ID Number <u>000161502</u>		2. Exact name of the Limited Liability Company <u>CLS MOLD TESTING, LLC</u>			
3. NAICS Code <u>641620</u>		4. Brief description of the character of business conducted in Rhode Island <u>MOLD INSPECTION AND TESTING</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>635 Arnold Road</u>		City <u>Coventry</u>		State <u>RI</u>	Zip <u>02816</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>LYNN A. SERPA</u>		Contact Title <u>MEMBER</u>			
Street Address <u>635 ARNOLD ROAD</u>		City <u>COVENTRY</u>		State <u>RI</u>	Zip <u>02816</u>
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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <u>LYNN A. SERPA - MEMBER</u>				Date <u>10/21/2020</u>	
Signature of Authorized Person <u>Lynn A. Serpa</u>					

MAIL TO:

Division of Business Services

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