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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.

1. Entry ID Number 121597		2. Exact name of the Limited Liability Company Richard M Tavorne Certified Teaching Staff Professionals LLC	
3. NAICS Code 611620		4. Brief description of the character of business conducted in Rhode Island Business covers Teaching, training + sales areas professional staff full instructional activities	
5. State of Formation R.I.			
6. Principal Office Address 66 LINCOLN PARK AVE		City CRASTON	State R.I.
		Zip 02920-1615	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name RICHARD M TAVORNE		Contact Title owner	
Street Address 66 LINCOLN PARK AVE		City CRASTON	State R.I.
		Zip 02920	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Richard M Tavorne owner / Manager		Manager Name	
Street Address 66 LINCOLN PARK AVE		Street Address	
City CRASTON	State R.I.	Zip 02920-1615	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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 RICHARD M TAVORNE		Date 10-24-2020	
Signature of Authorized Person Richard M Tavorne			

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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BY

PD22K**A.A.**