



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

STAMP

NOV 10 2020

BY

39004

OS

1. Entity ID Number 139142		2. Exact name of the Limited Liability Company TR Financial Services, LLC			
3. NAICS Code 541219		4. Brief description of the character of business conducted in Rhode Island To provide management, accounting and other financial			
5. State of Formation RI					
6. Principal Office Address PO Box 1037			City Portsmouth	State RI	Zip 02871
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name J. Russell Jackson			Contact Title Registered Agent		
Street Address 122 Touro Street			City Newport	State RI	Zip 02840
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.					
<b>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.</b>					
Name of Authorized Person Jim Roche				Date 10/20/20	
Signature of Authorized Person 					

## MAIL TO:

Division of Business Services

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