



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001682539

**2. Exact Name of the Limited Liability Company** Legal Passport Services LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

561510

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

LEGAL PASSPORT LLC, HEADQUARTERED IN PROVIDENCE, RI, IS A NATIONAL PASSPORT AND FOREIGN VISA EXPEDITING SERVICE FOR AMERICAN CITIZENS LEAVING THE COUNTRY IN A HURRY WHO ALSO NEED A US PASSPORT TO TRAVEL. OUR PASSPORT SPECIALISTS WORK WITH THE CUSTOMERS TO HOLD THEIR HAND AND MAKE SURE ALL OF THEIR PASSPORT AND/OR VISA DOCUMENTS ARE CORRECT BEFORE WE HAND CARRY THOSE DOCUMENTS INTO THE US PASSPORT AGENCIES SO THE PASSPORT AGENCY CAN MAKE THE PASSPORT. OUR COURIER PICKS UP THE FINISHED US PASSPORT/S AND SHIPS THEM OUT USING FEDEX TO THE CUSTOMER HOME ADDRESS.

**5. Principal Office Address**

No. and Street: 119 5TH STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: PAUL TARULLO Contact Title: DIRECTOR OF OPERATIONS  
No. and Street: 119-121 FIFTH ST  
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

PAUL TARULLO 119 5TH STREET PROVIDENCE , RI 02906

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 3 Day of December, 2020 at 4:35:19 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PAUL TARULLO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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