	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290 (401) 222-30		
HOPE	· · ·		
Limited Liability Con Annual Report	npany		
Filing Period: September 1	- November 1		
n accordance with R I G I	. 7-16-66(d), each limited liability com	nany failing or refusing	
o file its annual report with	in thirty (30) days after the time presc		7-
16-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2021</u>		
1. ID No. <u>00171330</u>	<u>4</u>		
2. Exact Name of the L	mited Liability Company <u>TC MU</u>	LTI SERVICES LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
<u>541213</u>	e information on <u>NAICS</u> can be found	onino.	
4. Brief Description of the	ne Character of the Business Which	n is Actually Conduct	ed in Rhode Island
		,	
MULTI SERVICES			
FILE TAXES			
<u>NOTARY</u> TRANSLATION			
5. Principal Office Addre	ess		
No. and Street: <u>157</u>	4 ELMWOOD AVE		
City or Town: <u>CR</u>	ANSTON State	: <u>RI</u> Zip: <u>02910</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact F	Person:
-			
	<u>R</u> Contact Title: <u>TISSURA CARABAI</u> <u>4 ELMWOOD AVE</u>	<u>.LU</u>	
	<u>NSTON</u> State	: <u>RI</u> Zip: <u>02920</u>	Country: <u>USA</u>
7. Name and Address o	f Each Manager of the Limited Liat	pility Company, if Ap	olicable.
DO NOT LIST MEMBE	-		
Title	Individual Name	Ado	Iress
	First, Middle, Last, Suffix		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

TISSURA CARABALLO 1574 ELMWOOD AVE CRANSTON, RI 02910

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

Signed this 26 Day of August, 2021 at 4:23:36 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 <u>TISSURA CARABALLO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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