

Annual Report for the year:  $\frac{2022}{}$ 

**Limited Liability Company** → Filing period: February 1 - May 1

→ Filing Fee. \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by May 31.

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1 Entity ID Number	2. Exact name of the Limited Liability Company					
000148900	Citigroup Services, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island SEVERANCE AND BENEFIT PAYMENT SERVICESTITLE: 7-16					
549300						
5. State of Formation	1					
Delaware						
6. Principal Office Address		City	State	Zıp		
388 Greenwich Street New York		New York	NY	10013		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Tax Reporting		Contact Title				
Street Address PO BOX 30509		City TAMPA	State FL	<sup>Zıp</sup> 33630		
8. 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		Date	Date			
Julie Schmidt		01/15/2024	01/15/2024			
Signature of Authorized Person						
ulie Shoult						

FILED

JAN 1 9 2024

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov