



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

FILED STAMP

MAR 04 2024

BY 105
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1. Entity ID Number 1756336		2. Exact name of the Limited Liability Company TMS PVD, LLC	
3. NAICS Code 531210		4. Brief description of the character of business conducted in Rhode Island Real estate agent	
5. State of Formation RI			
6. Principal Office Address P. O. Box 41042		City Providence	State RI
			Zip 02940
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Tracy M. Shawcross		Contact Title Manager	
Street Address P.O. Box 41042		City Providence	State RI
			Zip 02940
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Tracy M. Shawcross		Date 1/30/2024	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
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