-		
	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	
1636	(401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 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 - ENTER THE CURRENT YEAR 2024: 2024		
1. ID No. <u>000138630</u>		
2. Exact Name of the Limited Liability Company <u>NATIONAL TRANSFER SERVICES, LLC</u>		
3. State of Formation		
State: <u>TX</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>541191</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
FACILITATES REAL ESTATE TITLE TRANSFERS.		
5. Principal Off	fice Address	
No. and Street:	1300 FOST ONK DOOLL VIND	
City or Town:	SUITE 100HOUSTONState: TXZip: 77056Country	v: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: No. and Street:		
City or Town:	HOUSTON State: TX Zip: 77056 Country	y: <u>USA</u>

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

**Signed this 8 Day of April, 2024 at 11:10:22 AM 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 KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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