



**State of Rhode Island**  
**Department of State - Business Services Division**

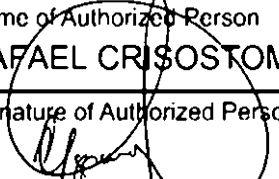
Annual Report for the year: 2024  
 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

**FILED**  
**APR 08 2024**  
**STAMP**  
 BY 432  
DS

1. Entity ID Number <b>001703147</b>		2. Exact name of the Limited Liability Company <b>CRISOSTOMO SERVICES LLC</b>	
3. NAICS Code <b>541213</b>		4. Brief description of the character of business conducted in Rhode Island <b>TAX PREPARATION, PAYROLL SERVICES AND BOOKKEEPING</b>	
5. State of Formation <b>RHODE ISLAND</b>			
6. Principal Office Address <b>570 BROAD ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>RAFAEL CRISOSTOMO</b>		Contact Title <b>OWNER</b>	
Street Address <b>PO BOX 1027</b>		City <b>WESTWOOD</b>	State <b>MA</b>
Zip <b>02090</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person <b>RAFAEL CRISOSTOMO</b>			Date <b>04/02/2024</b>
Signature of Authorized Person 			

**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)