

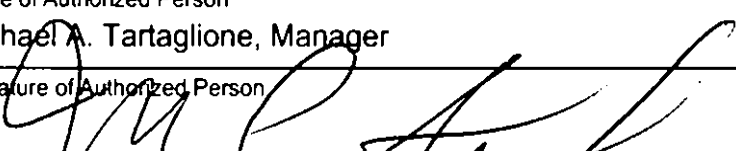



State of Rhode Island  
**Department of State - Business Services Division**

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**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.

1. Entity ID Number <b>000086828</b>		2. Exact name of the Limited Liability Company <b>Corporate Limousine Services, L.L.C.</b>	
3. NAICS Code <b>485300</b>		4. Brief description of the character of business conducted in Rhode Island <b>Limousine Service</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>45 Mountindale Road</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Michael A. Tartaglione</b>		Contact Title <b>Manager</b>	
Street Address <b>45 Mountindale Road</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
<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>Michael A. Tartaglione, Manager</b>		Date <b>2/15/24</b>	
Signature of Authorized Person 			

**FILED**  
 APR 8 2024  
 BY 5806  


**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov