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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2024

→ 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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| REC'D RIDOS BSD 4 APR 17 PM12:28:1 | \$2 \$ 12 mg/2 | |
| <u> </u> | | |

| 1. Entity ID Number | 2 Eural name of the Limited Lie | hillh. Compone | | | | | |
|---|---|----------------|---------|-------|--|--|--|
| 1 | 2. Exact name of the Limited Liability Company | | | | | | |
| 001765767 | CMS Transmation LC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 485000 | | | | | | | |
| 5. State of Formation |] _ | | | | | | |
| RI | Transportation | | | | | | |
| 6. Principal Office Address | | City | State | Zip | | | |
| 237 Aivisionst | | Pauducket | RI | 02860 | | | |
| 7. Malling Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name | | Contact Title | | | | | |
| Claudine Simon | | | | | | | |
| Street Address | | City / | State | Zip | | | |
| 237 Dinsim St | | Tanfucket | RI | 2386 | | | |
| 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 | | | Date | | | | |
| Claudine Simon | | | 4/17/24 | | | | |
| Signature of Authorized Person / / | | | | | | | |
| Marche Sum | | | | | | | |

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MAIL TO:

Division of Business Services

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

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