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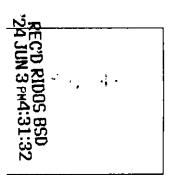
State of Rhode Island Department of State - Business Services Division

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.



A. Such at D. Marach and	0.5	hills Common and		
1. Entity ID Number	2. Exact name of the Limited Liability Company			
001692111	TAD SERVICES, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
238140	TO PROVIDE MASONRY SERVICES			
5. State of Formation				
RHODE ISLAND				
6. Principal Office Address		City	State	Zip
12 PRIMROSE LANE		NORTH PROVDENCE	RI	02904
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		
Contact Name TREVOR DAGESSE		Contact Title MANAGER		
Street Address 12 PRIMROSE LANE		City NO. PROVIDENCE	State RI	^{Zip} 02904
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	
TREVOR DAGESSE			6/1/2024	
Signature of Authorized Person				

JUN - 3 2024 BY 485NE

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov