



State of Rhode Island  
Department of State - Business Services Division

**FILED**

FEB 03 2025

BY [Signature]

Annual Report for the year: 2025

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>001733323</b>		2. Exact name of the Limited Liability Company <b>Professional Tag &amp; Title LLC</b>	
3. NAICS Code <b>519190</b>		4. Brief description of the character of business conducted in Rhode Island <b>DMV registration and title services</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>22 Everbloom Dr</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Katherine Masterson</b>		Contact Title <b>Owner/Operator</b>	
Street Address <b>22 Everbloom Dr</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
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 <b>Katherine Masterson</b>		Date <b>02/01/2025</b>	
Signature of Authorized Person <u>[Signature]</u>			

**MAIL TO:**

Division of Business Services

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