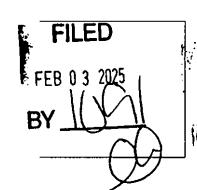


State of Rhode Island → Department of State - Business Services Division

2025 Annual Report for the year: **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 001733323	2. Exact name of the Limited Liability Company Professional Tag & Title LLC 4. Brief description of the character of business conducted in Rhode Island DMV registration and title services			
3. NAICS Code 519190				
5. State of Formation				
6. Principal Office Address		City	State	Zip
22 Everbloom Dr		Johnston	RI	02919
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		
Contact Name Katherine Masterson		Contact Title Owner/Operator		
Street Address 22 Everbloom Dr		City Johnston	State RI	^{Zip} 02919
8. The Resident Agent infor	mation currently of record with the	he RI Department of State is accur	rate. Changes requir	e filing Form 642.
	y, I declare and affirm that I ha atements contained herein ar	ave examined this report, includ e true and correct.	ing any accompany	ring schedules and
Name of Authorized Person			Date	
Katherine Masterson		·	02/01/2025	
Signature of Authorized Per	son			

MAIL TO:

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

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