



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 03 2025

BY

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

MAIL TO:

Division of Business Services

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