



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
SECRETARY OF STATE
OFFICE

Annual Report for the year: 2025
Corporation

- 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 001754077		2. Exact name of the Corporation Platinum Limousine, Inc.			
3. Principal Office Address 6 Cedar Avenue			City Middletown	State RI	Zip 02842
4. NAICS Code 485300		6. Brief description of the character of business conducted in Rhode Island Limousine services, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert F. Asher, Jr.			Vice-President Name Aidan J. Asher		
Street Address 6 Cedar Avenue			Street Address 6 Cedar Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Robert F. Asher, Jr.			Treasurer Name Aidan J. Asher		
Street Address 6 Cedar Avenue			Street Address 6 Cedar Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 200	CLASS/SERIES Common Shares	PAR VALUE 0.01 par value
Changes require an additional filing.					
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Robert F. Asher Jr.				Date 2/11/2025	
Signature of Authorized Representative <i>Robert F. Asher Jr.</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 19 2025

BY ML 1008

FORM 630 - Revised: 04/2023