



State of Rhode Island
Department of State - Business Services Division

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.

FILED
MAR 04 2025
BY [Signature]
[Signature]

1. Entity ID Number 001756619		2. Exact name of the Limited Liability Company C & S Portable Restrooms LLC	
3. NAICS Code 562991		4. Brief description of the character of business conducted in Rhode Island Restroom Rentals	
5. State of Formation RI			
6. Principal Office Address 225 Harrison Ave		City Newport	State RI
Zip 02840			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Roger Souto		Contact Title Managing Member	
Street Address 225 Harrison Ave		City Newport	State RI
Zip 02840			
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 Roger Souto			Date 2/26/25
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

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