



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
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|---|--|---|-------------|
| 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 | | | |

MAIL TO:

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