

State of Rhode Island Department of State - Business Services Division

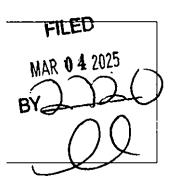
2025

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 001756619	2. Exact name of the Limited Liability Company C & S Portable Restrooms LLC			
3. NATES Code 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island Restroom Rentals			
6. Principal Office Address		City	State	Zip
225 Harrison Ave		Newport	RI	02840
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	1	
Contact Name Roger Souto		Contact Title Managing Member		
Street Address 225 Harrison Ave		City Newport	State RI	^{Zip} 02840
8. The Resident Agent information	on currently of record with the RI [Department of State is accu	rate. Changes require	e 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			Date	
Roger Souto			2/2	6/25
Signature of Authorized Person				7

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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