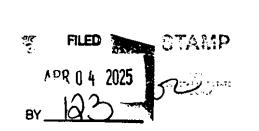


State of Rhode Island **Department of State - Business Services Division**

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.



1. Entity ID Number 1756336	2. Exact name of the Limited Liability Company TMS PVD, LLC				
3. NAICS Code 531210	Brief description of the character of business conducted in Rhode Island Real estate agent				
5. State of Formation					
6. Principal Office Address		City	State	Zip	
P. O. Box 41042		Providence	RI	02940	
7. Mailing Address of Limited Lia	ability Company and Name or T	itle of Contact Person	· I	l	
Contact Name Tracy M. Shawcross		Contact Title Manager			
Street Address P.O. Box 41042		City Providence	State RI	^{Zip} 02940	
8. The Resident Agent informati	on currently of record with the f	RI Department of State is accur	rate. Changes require	e filing Form 642.	
9. Under penalty of perjury, I o statements, and that all states	declare and affirm that I have ments contained herein are tr	examined this report, includ ue and correct.	ing any accompany	ring schedules and	
Name of Authorized Person			Date /	Date ,	
Tracy M. Shawcross			Pate 4/23/25		
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov