RI SOS Filing Number: 202569279240 Date: 4/7/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001657375	Carlson + Clark LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390						
5. State of Formation	Keyl 25 Tuto Mangagan T					
R.I	Real 2 state ManagamonT					
6. Principal Office Address		City	State	Zip		
225 Tridian Trail		SaunderJoun	RI.	07874		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Clifford M Carlson						
Street Address		Sava Der Jown	State	Zip		
225 Indian Trail		SaunderYown	R_{λ}	07874		
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			Date			
CLIFFORD M Canlson			04/07/25			
Signature of Authorized Person						
$\mathcal{G}UU$						

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MAIL TO:

Division of Business Services

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

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