

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

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.

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REC'D RIDOS 850		

Entity,ID Number	2. Exact name of the Limited Liability Company						
1760195	CLAY AND	SONS SERV	CES 1	<u> </u>			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
488410							
5. State of Formation	AUTO HAU	LPR (TOW)	TRUC	ik)			
6. Principal Office Address		City 1	State	Zip			
44 Superior	s Street	Providen	RC	0290-7			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
Henry T. Clay		Owner					
Street Address Superior	ur Street	city Providence	State	02907			
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	+ P. Cla	A 05/20/2025					
Signature of Authorized Person							

FILED

MAY 2 0 2025

MAIL TO:

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