RI SOS Filing Number: 202576751160 Date: 7/9/2025 12:03:00 PM



## 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.

| 125<br>125<br>125<br>125<br>125<br>125<br>125<br>125<br>125<br>125 |  |
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| CD RIDOS 850<br>JL 9 AM11:58:40                                    |  |

| 1. Entity ID Number                                    |   | 2. Exact name of the Limited Liability Company  |                 |                      |  |  |
|--|---|---|-----------------|----------------------|--|--|
| 001699737<br>  | The Criterion LL  | The Criterion LLC   |                 |                      |  |  |
| 3. NAICS Code<br>484121                                |   | Brief description of the character of business conducted in Rhode Island     LONG DISTANCE TRANSPORT SERVICES |                 |                      |  |  |
| 5. State of Formation                                  |   |   |                 |                      |  |  |
| 6. Principal Office Address                            | <u>,</u>  | City  | State           | Zip                  |  |  |
| 137 ALL SAINTS ST                                      | 37 ALL SAINTS STREET WOO  |   | RI              | 02895                |  |  |
| 7. Mailing Address of Limite                           | ed Liability Company and Name                                       | or Title of Contact Person  |                 |                      |  |  |
| Contact Name SIDI OUMAR GUEYE                          |   | Contact Title OWNER   |                 |                      |  |  |
| Street Address 137 ALL SAINTS STREET                   |   | Crty WOONSOCKET   | State RI        | <sup>Zip</sup> 02895 |  |  |
| 8. The Resident Agent info                             | mation currently of record with t                                   | he RI Department of State is accurate.  | Changes require | e filing Form 642.   |  |  |
| 9. Under penalty of perjude statements, and that all s | ry, I declare and affirm that I ha<br>tatements contained herein ar | ave examined this report, including a<br>re true and correct.   | any accompany   | ring schedules and   |  |  |
| Name of Authorized Person                              |   |   | Date            |                      |  |  |
| IDI OUMAR GUEYE  |   | 07/08/2025  |                 |                      |  |  |
| Signature of Authorized Pe                             | rson<br>Totep   |   | •               |                      |  |  |

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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