RI SOS Filing Number: 202576751520 Date: 7/9/2025 12:00:00 PM



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

Annual Report for the year: 2021

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.

| REC'D                            |
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| 2. Exact name of the Limited Liability Company   |   |  |   |  |
|--|---|--|---|--|
| The Criterion LLC  |   |  |   |  |
| 4. Brief description of the character of business conducted in Rhode Island LONG DISTANCE TRANSPORT SERVICES |   |  |   |  |
|  |   |  |   |  |
|  | City  | State  | Zip   |  |
| EET  | WOONSOCKET  | RI   | 02895   |  |
| Liability Company and Name   | or Title of Contact Person  |  |   |  |
| Contact Name SIDI OUMAR GUEYE  |   | Contact Title OWNER  |   |  |
| Street Address 137 ALL SAINTS STREET   |   | State RI   | <sup>Zip</sup> 02895  |  |
| ation currently of record with   | the RI Department of State is accurate.   | Changes require  | e filing Form 642.  |  |
|  |   | any accompany  | ring schedules and  |  |
| Name of Authorized Person  |   | Date   |   |  |
| SIDI OUMAR GUEYE   |   | 07/08/2025   |   |  |
| Total Control  |   | •  |   |  |
|  | 4. Brief description of the LONG DISTANCE  EET  Liability Company and Name  R GUEYE  AINTS STREET  ation currently of record with I declare and affirm that I had | 4. Brief description of the character of business conducted in Rh LONG DISTANCE TRANSPORT SERVICES  City WOONSOCKET  Liability Company and Name or Title of Contact Person  Contact Title OWNER  City WOONSOCKET  City WOONSOCKET  Station currently of record with the RI Department of State is accurate.  I declare and affirm that I have examined this report, including tements contained herein are true and correct. | 4. Brief description of the character of business conducted in Rhode Island LONG DISTANCE TRANSPORT SERVICES  City State RI  Liability Company and Name or Title of Contact Person  Contact Title OWNER  City WOONSOCKET  Contact Title OWNER  City WOONSOCKET  State RI  ation currently of record with the RI Department of State is accurate. Changes require I declare and affirm that I have examined this report, including any accompany tements contained herein are true and correct.  Date  07/08/202 |  |

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MAIL TO:

Division of Business Services

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