

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: ____ ンと 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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BUS SVCS DIV

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Entity ID Number	2. Exact name of the Limited Liability Company				
148256	Commercial Screen print Plus, LLC				
3. NAICS Code 541 947	4. Brief description of the character of business conducted in Rhode Island				
5. State of Formation	Screenprinting on Apparel				
6. Principal Office Address		City	State	Zip	
1080 Pontiac Ave.		Grapston	RI	02920	
7. Mailing Address of Limited L	iability Company and Name of	or Title of Contact Person			
Contact Name		Contact Title	Contact Title		
Street Address City State Zip A C Cala man Road Crasson Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
Street Address		City	State	Zip	
120 Calan	an Road	Crapston	RI	02910	
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	Date	
Nicolae Melfi			7/5/	7/5/25	
Signature of Authorized Person					
Misolas Milhi					
7					

MAIL TO:

Division of Business Services

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

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