

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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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001746619	CAHAHAN ENTERPRISES LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
561612						
5. State of Formation	SECURITY SERVICES					
MA		•				
6. Principal Office Address	<u> </u>	City		State	Zip	
539 CENTER S	7.	FALL	RIVER	MA	02724	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name SEAN PATRICK	CAISANAN Contact Title					
Street Address	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City		State	Zip	
Street Address 539 RENAUD S	<i>ነ</i>	FALL	RIVER	MA	02724	
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				
SEAN PATRICK CAILAHAN		7/10/25				
Signature of Authorized Person						

FILED

MAIL TO:

Division of Business Services

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

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