

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.

4 Enthy ID Number	2. Exact name of the Limited Lia	hility Company		-
1. Entity ID Number				
001665615	CTL WORX LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
238350	Chepentry			
5. State of Formation				
RI			<u> </u>	
6. Principal Office Address		City	State	Zip
33 Shore Dr		Johns ton	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Christopher Lisi		owner		
		City	State	02919
33 Shore DR		Johns ton	RI	0 2-114
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	
Christopher	· Lis		12 AUG 25	
Signartyre/of Authorized Person				
(lent tun from				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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