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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 SEP 23 ₱ 2: 54

Annual Report for the year:

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Eventore	-64b133-11:	Line 6		
	2. Exact name of the Limited Liability Company				
00165,4809	CX & Enterprised LLC				
3. NAICS Code	4. Bnef description of the character of business conducted in Rhode Island				
56 720	commercial & Residential				
5. State of Formation	Commercial residential				
BI	cleaning				
6. Principal Office Address City State Zip					
120 Colu	Are	Pawtucked	+ 81	02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Leunedy Madaya Contact Title Vedydent					
Street Address SAME			City	State	Zıp
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			L	Ck the hox to indi	cate an attachment
Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Sermedy Malaya Date 0123119					
Company of A Co.	grenn.	eary	Madava	9	23/19
Signature of Authorized Person					

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 C

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