RI SOS Filing Number: 200811509370 Date: 06/04/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
153951	El Centro Multi-Servicios, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Accountant and multiple services provider

5. Principal office address	City	State	Zip
204 Cranston Street	Providence	RI	02907

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Leon Tejada	Manager

Street Address	City	State	Zip
204 Cranston Street	Providence	RI	02907

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Leon Tejada	204 Cranston Street	Providence	RI	02907
John Tejada	204 Cranston St	Providence	RI	02907

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
Leon Tejada	204 Cranston Street	Providence	02907

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

153951

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.

06-3-08
Signature of Authorized Person *Date*

Leon Tejada
Print or Type Name of Authorized Person

File Date 6-4-08
Check No. A 1442 P221
By: MMC

23050 SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07