

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 2009

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

System of formation   Authorities   System of processing of the base which is activately combined in Rhode bloom	R.I.G.L. 7-16-66 (b&c)) L. ID No.	is subject to a penalty fee of  2. Exact name of the limited					
RHODE ISLAND  JANITORIAL SERVICES  SPRENGING UNITED CONTACT PERSON:  CONTINUE OF CONTACT PERSON:  CONTACT PERSON:  CONTINUE OF CONTA	-,	1					
E Prescipatorifiline additions  City  MALING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  NABIL KIRIAKI  STORY Address  GARWAINE DRIVE  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  STORY Address  STREET Address  City  Street Address  STREET Address  STREET Address  City  Street Address  STRE	•	4. Brief description					
S GARWAINE DRIVE  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF THITE OF CONTACT PERSON:  Contract Johns  Contract Johns  Contract Tole  Source  Contract Tole  Source  Contract Tole  Source  Contract Tole  Contract To		<u></u>	SERVICES				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Constant Name  ANABLA KIRLAKI  MEMBER  STORY AND ADDRESS OF LIMITED LIABILITY COMPANY, AND NAME OR TITLE OF CONTACT PERSON:  COPY  COPY  COPY  COPY  COPY  COPY  COPY  Manager Name  DAVID DIPALMA, ESQ.  Address  CIG  EAST PROVIDENCE  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  COPY  Cop	• **			· ·		1 -	
Contact Title NABIL KIRIAKI  Street Address GARRAMINE DRIVE 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)   Street Address  City  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  City  Street Address  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  The point must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  The point must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  The point must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  The point must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Street Address  Lincoln R.I.G.L. 7-16-66 (b).  The point must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Street Address  Lincoln R.I.G.L. 7-16-66 (b).  Addre			ITY COMPANY ANI	<u> </u>	I	10-000	
STREET ADDITIONS   COP   CORD   COR	Contact Name			Contact Title			
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Manager Name  Ma			<u> </u>	Street Address			
Manager Name  Manager Name  Street Address  State  Zip  8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Address  DAVID DIPALMA, ESQ.  Address  City  EAST PROVIDENCE  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Stignylare of Authorized Person  Date  Check No.  Date	Street Address			Street Authress			
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FOR SECRETARY OF STATE USE ONLY  Print or Type Name of Authorized Person						!	