

1. Entity ID No.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

530970	daco	n- dea	Ming LLC		
3. State of Formation	4. Brief description	on of the character of bu	siness conducted in Rhode Island		
R-I cleaning, company					
5. Principal office address 76-1410 Y-St- Y 75.0569			Central-FAIR	State 2.7-	Zip 02863
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name 5686-Cha(0N40/-663-71/3 Street Address			Contact Title OWNCV		
76-C/AY-5+-			central files. State R. 1 Zip 02867		
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT)					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	!		Manager Name		1
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					
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	nv.	in Box	6		of B
	BY_				
Under penalty of perjury, I declare and affirm that I have examilined					
File Date this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Check No			For choon		
By:			Signature of Authorized Perso	n	Date
FOR SECRETARY OF STATE			Print or Type Name of Authorized Person		
Form No. 632					

Revised: 01/2012