



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** 2012

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

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

1. Entity ID No. <u>000588794</u>		2. Exact name of the limited liability company <u>G &amp; G Cleaning LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Janitorial Service</u>			
5. Principal office address					
<u>52 TIFFANY Street</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02920</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>MARTINE FERMOSEN</u>			Contact Title <u>President</u>		
Street Address					
<u>52 TIFFANY Street</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02920</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS (EX: BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Joska Granados</u>			Manager Name <u>none</u>		
Street Address					
<u>8 Mowry Street</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Manager Name <u>none</u>			Manager Name		
Street Address					
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.					

**FILED** ←

JAN 25 2013

BY de 188404

DEPARTMENT OF STATE  
 CORPORATIONS DIV  
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File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person [Signature] Date 1/25/13  
 Print or Type Name of Authorized Person MARTINE FERMOSEN