

## 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 2013

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.	2. Exact name of the limited liability company					
690493	MARCOS F. LECA, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	CLEANING					
5. Principal office address  197 DEAN ST			PROVIDENCE	State /2 Z	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name WARCOS F. LECA			City PROVIDENCE State 2 Ip 2903			
MARCOS F. LECA Street Address 197 DEAN ST			PROVIDENCE	State Z	zip 2903	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip CG	
Manager Name			Manager Name		+	
Street Address			Street Address			
City	State	Zip	City	State	DIV 3: 06	
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 OCT 04 2013 49 - 207560

HWL		
File Date:	A.A.	Under penalty of perjury, I dec this report, including any acco and that all statements contain
Check No 1		- Hours few
By:		Signature di Authorized Person  MARCOS F. (
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized

lare and affirm that I have examined empanying schedules and statements, ned herein are true and correct.

d Person

Form No. 632 Revised: 01/2012