

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 2011

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.		ne of the limited liability i intenance, LLC	y company			
000487385		interiorio, EEO				
3. State of Formation	Brief description of the character of business conducted in Rhode Island Janitorial Services					
Rhode Island						
5. Principal office address 14 Barnes Avenue			City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF L	JMITED LIABILIT	TY COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Cathy Murray			Contact Title Manager			
Street Address 14 Barnes Avenue			City Johnston	State RI	Zip 02919	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		PRESSES) OF THE LII	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Cathy Murray			Manager Name			
Street Address 14 Barnes Avenue			Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip 🚡 P	
Manager Name			Manager Name 25			
Street Address			Street Address			
City	State	Zip	City	State	Zip Ö. D.V	
8. RESIDENT AGENT IN RH	ODE ISLAND					
		e Office of the Secret	ary of State. Changes require	filing Form 642.		
10:1	8 Am					
FILE	_					
MAR 26						
ву 270	900 ICW	(
Elio Dete			this report, includin	g any accompanying	firm that I have examined schedules and statements,	
File Date			and that all state oe	nts contained herein	are true and correct.	
Check No			Signature of Aprilloriza	ed Person		
By:			Cathy Murray	0		
FOR SECRETARY OF STA	ITE USE ONLY		Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012