



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 **2014**

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.<br><b>577342</b>                                                                                                                      |                    | 2. Exact name of the limited liability company<br><b>Wash and Plus LLC</b>                                |                          |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                           |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Janitorial Services</b> |                          |                    |                     |
| 5. Principal office address<br><b>50 Kingsford Avenue</b>                                                                                              |                    | City<br><b>Riverside</b>                                                                                  |                          | State<br><b>RI</b> | Zip<br><b>02915</b> |
| 6. Mailing Address (if different from principal office address)<br><b>50 Kingsford Avenue</b>                                                          |                    | City<br><b>Riverside</b>                                                                                  |                          | State<br><b>RI</b> | Zip<br><b>02915</b> |
| Contact Name<br><b>Paulo Tameirao</b>                                                                                                                  |                    | Contact Title<br><b>Member</b>                                                                            |                          |                    |                     |
| Street Address<br><b>50 Kingsford Avenue</b>                                                                                                           |                    | City<br><b>Riverside</b>                                                                                  |                          | State<br><b>RI</b> | Zip<br><b>02915</b> |
| 7. Resident Agent in Rhode Island<br><b>Paulo Tameirao</b>                                                                                             |                    | 8. Resident Agent in Rhode Island<br><b>Paulo Tameirao</b>                                                |                          |                    |                     |
| Manager Name<br><b>Paulo Tameirao</b>                                                                                                                  |                    | Manager Name<br><b>Paulo Tameirao</b>                                                                     |                          |                    |                     |
| Street Address<br><b>50 Kingsford Avenue</b>                                                                                                           |                    | Street Address<br><b>50 Kingsford Avenue</b>                                                              |                          |                    |                     |
| City<br><b>Riverside</b>                                                                                                                               | State<br><b>RI</b> | Zip<br><b>02915</b>                                                                                       | City<br><b>Riverside</b> | State<br><b>RI</b> | Zip<br><b>02915</b> |
| Manager Name<br><b>Paulo Tameirao</b>                                                                                                                  |                    | Manager Name<br><b>Paulo Tameirao</b>                                                                     |                          |                    |                     |
| Street Address<br><b>50 Kingsford Avenue</b>                                                                                                           |                    | Street Address<br><b>50 Kingsford Avenue</b>                                                              |                          |                    |                     |
| City<br><b>Riverside</b>                                                                                                                               | State<br><b>RI</b> | Zip<br><b>02915</b>                                                                                       | City<br><b>Riverside</b> | State<br><b>RI</b> | Zip<br><b>02915</b> |
| 9. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. |                    |                                                                                                           |                          |                    |                     |

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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

Date

**Paulo Tameirao**

Print or Type Name of Authorized Person