

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. 509808		2. Exact name of the limited liability company RENO JANITOR MAINTENACE, LLC						
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island JANITOR AND CLEANING SERVICES						
5. Principal office address 133 EARLY STREET			Oity PROVIDENCE	State R.I.	Zip 02907			
6. MAILING ADDRESS OF L	JMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT PERSON	V:				
Contact Name EUFROSINA PACHE	ntact Name UFROSINA PACHECO			Contact Title REGISTRED AGENT				
Street Address 1243 MINERAL SPRING AVE SUITE 206			City NORTH PROVIDENCE	State R.I.	Zip 02904			
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF APPL	ICABLE - DO	NOT LIST MI	MBE	RS	
Manager Name MARIA E. BERGANZA			Manager Name JOSE A . BERGANZA	Manager Name JOSE A . BERGANZA			00 03 03 03 03	
Street Address 133 EARLY STREET			Street Address 133 EARLY STREET	Street Address			227	
City PROVIDENCE	State R.I.	Zip 02907	City PROVIDENCE	State R.I.	Zip 02907	28	23 21 21	
Manager Name			Manager Name					
Street Address			Street Address				뫋	
City	State	Zip	City	State	Zip	~		
8. RESIDENT AGENT IN RH		<u> </u>						
This information is currenti	y of record in the	Office of the Secret	ary of State. Changes require filing F	orm 642.				

FILED

OCT 28 2014

File Date BY	YL735200	Under penalty of perjury, I declare and affirm that I hat this report, including any accompanying schedules at	nd statements,			
		and that all statements contained herein are true and correct.				
Check No	9 08	Juni E. Bergung	10/28/14			
By:		Signature of Authorized Person	Date			
FOR SECRETARY OF STATE USE ONLY		MARIA BERGANZA				
		Print or Type Name of Authorized Person				

Form No. 632 Revised: 01/2012