



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. ID No. 000903511

2. Exact Name of the Limited Liability Company Rug Doctor, LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

CARPET CLEANING SALES AND SERVICE

5. Principal Office Address

No. and Street: 4701 OLD SHEPARD PLACE

City or Town: PLANO

State: TX

Zip: 75093

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MICHELLE LEYBA Contact Title: SENIOR LEGAL ASSISTANT

No. and Street: 4701 OLD SHEPARD PLACE

City or Town: PLANO

State: TX

Zip: 75093

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JACK SHIELDS	4701 OLD SHEPARD PLACE PLANO, TX 75093 USA
MANAGER	CEDRIC HANLEY	500 PARK AVENUE., 3RD FLR NEW YORK, NY 10022 USA
MANAGER	RICH SOROTA	2 BETHESDA METRO CENTER, 14TH FL BETHESDA, MD 20814 USA
MANAGER	BRETT L'ESPERANCE	200 CLARENDON STREET BOSTON, MA 02116 USA
MANAGER	TRAVIS LEWIS	4701 OLD SHEPARD PLACE

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of July, 2015 at 4:26:04 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TRAVIS LEWIS
Signature of Authorized Person

Form No. 632
Revised 09/07