

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 _

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.

Street Address City Manager Name Chacon Cleaning LLC A. Brief description of the character of business conducted in Rhode Island Cleaning Company 4. Brief description of the character of business conducted in Rhode Island Cleaning Company City Central Falls State Zip Oz 863 Contact Name Contact Title Manager Name City City City Contact Title Contact Name Contact							
3. State of Formation A. Brief description of the character of business conducted in Rhode Island RT Cleaning Company S. Principal office address "We Clay Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Warnager City CANCAL Falls Street Address To Clay Street City BOX FOR ATTACHMENT) Manager Name Manager Name Manager Name Street Address City State Zip City State Zip City Street Address Street Address Street Address City State Zip City City	1. Entity ID No.	2. Exact name of the limited liability company					
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5. Principal office address 1. Contact Title 6. MALLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Contact T	State of Formation 4. Brief description of the character of business conducted in Rhode Island						
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Contact Title Street Address City State City Box FOR ATTACHMENT) Manager Name Street Address City Manager Name Manager Name Street Address City State Zip O7863 7. LIST ALL MANAGERS NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ('X' BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City Manager Name Manager Name Street Address Street Address City State Zip City A . II	6. MAILING AUDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Street Address 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 City State Zip Manager Name Manager Name Street Address City State Zip City A II I variate Zip Manager Name Street Address City State Zip Zip City State Zip City A II Zip Zip Zip Zip Zip Zip Zip Z	Contact Name Jose Cho	con		Contact Title			
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City State Zip City State Zip RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642. FILED SEP 2 5 2015	Manager Name	<u> </u>		Manager Name			
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642. FILED SEP 2 5 2015	Street Address			Street Address			
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642. FILED SEP 2 5 2015	City	State	Zip	City	State	Zip CQ CQ TQ	
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642. FILED SEP 2 5 2015	8. RESIDENT AGENT IN RHODE	ISLAND:	or certains made				
FILED SEP 2 5 2015	This information is currently of	record in the Offi	ce of the Secretary of	State. Changes require filing F	orm 642.		
SEP 2 5 2015	FILED						
BY M 257/29							
	BY M 2571						

	Under penalty of perjury, I declare and a
File Date	this report, including any accompanying
Andreas and the contract of th	and that all statements contained herein
Check No	Karrelland
AND THE PROPERTY OF THE PROPER	100 (17)
By:	Signature of Authorized Person
	Jan Characa
FOR SECRETARY OF STATE USE ONLY	3092 UVCO
	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

iffirm that I have examined g schedules and statements, n are true and correct.