

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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. 000548235 | LADYBU | ne of the limited liab GS CLEANING | ility company LLC | | | | | | | |
|--|-----------------|---------------------------------------|------------------------------------|------------------------|---------------------|--|--|--|--|--|
| 3. State of Formation | 4. Brief desc | ription of the charac | ter of business conducted in Rhode | Island | OWED BY STATE | | | | | |
| RI | LAW | ESTATION RE | MOVAL AND ANT OTHER E | DUSINESS ALL | OWED BY STATE | | | | | |
| 5. Principal office address 734 RIVER AVE | | - | City PROVIDENCE | State RI | Zip 02908 | | | | | |
| 6. MAILING ADDRESS OF L | IMITED LIABILIT | Y COMPANY AND | NAME OR TITLE OF CONTACT PE | RSON: | | | | | | |
| Contact Name DAVE HUNTOON | | | Contact Title CPA | | | | | | | |
| Street Address 931 JEFFERSON BLV | D SUITE 100 | 0 | City WARWICK | | | | | | | |
| 7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM | | RESSES) OF THE | LIMITED LIABILITY COMPANY, IF | APPLICABLE - DO | NOT LIST MEMBERS | | | | | |
| Manager Name NONE | | | Manager Name | | | | | | | |
| Street Address | | | | | | | | | | |
| Offeet Address | | | Street Address | | | | | | | |
| | State | Zip | Street Address City | State | Zip | | | | | |
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| City | State | Zip | City | State | Zip | | | | | |
| City Manager Name Street Address | State | Zip | City Manager Name | State | Zip | | | | | |
| City Manager Name | State | | City Manager Name Street Address | | | | | | | |

| Check No | File Date_ | | | | ٠. | | : | | | 1 | | . : | | | | | | | | |
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Form No. 632 Revised: 01/2012 OCT 2 5 2015

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.

Date

and that an statements contained herein are true and correct.

Signature of Authorized Person

DAVE HUNTOON CPA

Print or Type Name of Authorized Person