| State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State | | | |
|---|-----------------------------|--|--------------------------|
| 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. <u>000505530</u> | | | |
| 2. Exact Name of the Limited Liability Company Grace's Cleaning, LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| Janitorial Cleaning Service | | | |
| 5. Principal Office Address | | | |
| No. and Street: 1A RICCI DRIVE | | | |
| City or Town:NORTH PROVIDENCEState: RIZip: 02911Country: USA | | | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: Contact Title: | | | |
| No. and Street: <u>1 A RICCI DRIVE</u> | | | |
| City or Town: NOR | TH PROVIDENCE State | : <u>RI</u> Zip: <u>02911</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Add | ress |
| | First, Middle, Last, Suffix | Address, City or Town, | State, Zip Code, Country |
| MANAGER | JAN WOLOWSKI | 1A RICCI DRIVE NORTH PROVIDENCE, RI 02911 USA | |
| | | | NOL, NI 02311 USA |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| GRAZYNA WOLOWSKI 1A RICCI DRIVE NORTH PROVIDENCE, RI 02911 | | | |
| 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). | | | |

Signed this 6 Day of November, 2015 at 10:57:18 AM 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 JAN WOLOWSKI Signature of Authorized Person

Form No. 632 Revised 09/07

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