

## 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.

3. State of Formation	Brief description of the character of business conducted in Rhode Island     CLEANING SERVICES					
5. Principal office address 27 YOUNG STREET			City NORTH PROVIDENCE	State <b>RI</b>	Zip <b>02904</b>	
6. MAILING ADDRESS OF LIM	IITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PERSO	N		
Contact Name IRONDINA GOMES			Contact Title PRESIDENT			
Street Address 27 YOUNG STREET			City NORTH PROVIDENCE	State <b>RI</b>	Zip <b>02904</b>	
7. LIST <u>ALL</u> MANAGERS (NAI ("X" BOX FOR ATTACHMEN	MES AND ADI	DRESSES) OF THE LI	MITED LIABILITY COMPANY, IF APPL	ICABLE - DO	NOT LIST MEMBER	
Manager Name IRONDINA GOMES			Manager Name			
Street Address 27 YOUNG STREET			Street Address	5		
City NORTH PROVIDENCE	State RI	Zip <b>02904</b>	City	State	Z	
Manager Name			Manager Name			
Street Address			Street Address X			
City	State	Zip	City	State	Zip. 6	
8. RESIDENT AGENT IN RHOD						
This information is currently of	of record in th	e Office of the Secret	ary of State. Changes require filing F	orm 642.		
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NOV 30 2015

File Date \_\_\_\_\_
Check No \_\_\_\_

By: \_\_\_\_
FOR SECRETARY OF STATE USE ONLY

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

Signature of Authorized Person

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012