

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 _

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. 2. Exact name of the limited liability con	2001			
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911416 hobento va	z, LLC			
State of Formation 4. Brief description of the character of b	usiness conducted in Rhode Island	1	<u>-</u>	
RI Cleanir	n <i>G</i>			
5. Principal office address 562 POWER RD	PAUTUCKET	State	Zip Z	860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME	OR TITLE OF CONTACT PERSOI	NE PER EPER E		
Contact Name Robento C. Uaz	Contact Title Par	1agen		
Street Address 562 Poweh hd	Pawlucket	State	Zip OA	860
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITE ("X" BOX FOR ATTACHMENT)	D LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NO</u>	T LIST ME	MBERS
Manager Name hobesto C. Vaz	Manager Name			
Street Address 562 Power ho	Street Address			
City Buricket State 1 2ip 2860	City	State	Zip	
Manager Name	Manager Name		- !,	····
Street Address	Street Address	<u> </u>		
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City State Zip	City	State	Zip	PARC PARC
8. RESIDENT AGENT IN RHODE ISLAND: \$200 - 10			- 41	
This information is currently of record in the Office of the Secretary of	State. Changes require filing Fo	orm 642.	2	295
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	Under penalty of perjury, I de	eclare and affirm +	hat I have a	vaminad

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Form No. 632 Revised: 01/2012 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.

DODERTUC VAZ

<u> 3/15/16</u>

ignature of Authorized Person

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Print or Type Name of Authorized Person