



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. 889761		2. Exact name of the limited liability company XTRA HAND CLEANING SERVICE LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island To provide commercial/residential cleaning/janitorial services, to contract/subcontract services, & to sell cleaning/janitorial contracts.			
5. Principal office address 198 SISSON ST		City PAWTUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MISNEYI RUIZ ARIAS		Contact Title MANAGER			
Street Address 198 SISSON ST		City PAWTUCKET	State RI	Zip 02860	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name MISNEYI RUIZ ARIAS		Manager Name			
Street Address 198 SISSON ST		Street Address			
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

APR 01 2016

BY 19105

File Date 03-30-2016

Check No 191

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.

Misneyi Ruiz Arias
 Signature of Authorized Person

03/30/2016

Date

MISNEYI RUIZ ARIAS

Print or Type Name of Authorized Person