

State of Rhode and and Providence Plantations

Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

_imited Liability Company	Annual Report for the year:	2015
Tilina noriod: Contombos 1 - Navos	h 1	

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENAL

2. Exact name	of the Limited Lia	bility Comp	any any and a second		O ngliane		
JOSE E. SILVA LLC							
4. Brief description of the character of business conducted in Rhode Island							
CLEANING							
		City		State	Zip_s		
25 WATERMAN AVE APT. #7				RI	02914		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Sose E. SiLVA		Contact Title OWNER					
				State $\mathcal{Q} \mathcal{I}$	Zip 02914		
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name		Manager Name					
Street Address		Street Address					
State	Zip	City		State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
State	Zip	City		State	Zip		
Check the box to indicate an attachment							
This information	is currently of recor	d in the Dep	artment of State. Change	s require filing For	n 642 * '		
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.							
Name of Authorized Person Date							
JOSE E. SILVA				05/19/2016			
Signature of Authorized Person SIGN DOCUMENT HERE							
	Jose E 4. Brief descrip CLEANING APT. 4 Dility Company a APT. 4 d addresses) of State I This information are and affirm to the contained.	JOSE E. SILVA 4. Brief description of the character CLEANING APT. # 7 Dility Company and Name or Title APT. # 7 d addresses) of the Limited Liability State Zip Internation is currently of recordere and affirm that I have examinated contained herein are true and all the contained herein are	JOSE E. SILVA LLC 4. Brief description of the character of busin CLEANING City APT. # 7 EAST Contact Tit OW A APT. # 7 d addresses) of the Limited Liability Compan Manager N Street Addresses State Zip City Manager N Street Addresses Street Addresses State Zip City I This information is currently of record in the Department of the Contact of the Contact Tity April 19 City This information is currently of record in the Department of the Contact Tity April 20 City This information is currently of record in the Department of the Contact Tity April 21 City This information is currently of record in the Department of the Contact Tity April 22 City This information is currently of record in the Department of the Contact Tity April 24 City April 25 City April 26 City April 27 City April 28 City April 29 City April 29 City April 29 City April 20 City Ap	4. Brief description of the character of business conducted in Rho CLEANING City APT. # 7 EAST PROVIDENCE Dility Company and Name or Title of Contact Person Contact Title OW NER City EAST PROVIDENCE OWNER Company and Name or Title of Contact The Contact Title OWNER City EAST PROVIDENCE City EAST PROVIDENCE	JOSE E. SILVA LUC 4. Brief description of the character of business conducted in Rhode Island CLEANING City State APT. # 7 EAST PROVIDENCE RI Dility Company and Name or Title of Contact Person Contact Title OWNER City EAST PROVIDENCE RI State APT. # 7 City EAST PROVIDENCE RI Warager Name Street Address State Zip City State State Zip City State State State State Zip City Check the box to indicate a Check and affirm that I have examined this report, including any accompanying sents contained herein are true and correct. Date OS/1916		

MAY 1 9 2016