



State of Rhode Island 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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

Limited Liability Company Annual Report for the year: 2015 ²⁰¹⁶ MAY 31 AM 10:24

Filing period: September 1 - November 1

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

| | | | | | |
|--|-------|---|-------|--------------------|-----|
| 1. Entity ID Number | | 2. Exact name of the Limited Liability Company | | | |
| 1002567 | | Mighty Mo's Cleaning Service LLC | | | |
| 3. State of Formation | | 4. Brief description of the character of business conducted in Rhode Island | | | |
| Rhode Island | | Cleaning Service | | | |
| 5. Principal Office Address | | City | State | Zip | |
| 198 Anthony Street | | East Providence | R.I. | 02914 | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| Maureen L. Bento | | Manager | | | |
| Street Address | | City | State | Zip | |
| 198 Anthony Street | | East Providence | R.I. | 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 | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 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 | |
| Maureen L. Bento | | | | 5/31/16 | |
| Signature of Authorized Person | | | | SIGN DOCUMENT HERE | |
| Maureen L. Bento | | | | | |

FILED

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BY CU 275447