



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 <sup>2016</sup> 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   |       |   |               |                    |     |

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MAY 31 2016

BY CU 275447