



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2016  
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-----|
| 1. Entity ID Number<br><u>973743</u>                                                                                                                                                                 |       | 2. Exact name of the Limited Liability Company<br><u>Cleaning Services &amp; Express LLC</u>                                              |                    |                        |     |
| 3. NAICS Code<br><u>81</u>                                                                                                                                                                           |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>floor services, wax, stripping and general cleaning</u> |                    |                        |     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |       |                                                                                                                                           |                    |                        |     |
| 6. Principal Office Address<br><u>23 Marion Terrace</u>                                                                                                                                              |       | City<br><u>Pawtucket</u>                                                                                                                  | State<br><u>RI</u> | Zip<br><u>02860</u>    |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                                           |                    |                        |     |
| Contact Name<br><u>Mario Vaz</u>                                                                                                                                                                     |       | Contact Title<br><u>President</u>                                                                                                         |                    |                        |     |
| Street Address<br><u>23 Marion Terrace</u>                                                                                                                                                           |       | City<br><u>Pawtucket</u>                                                                                                                  | State<br><u>RI</u> | Zip<br><u>02860</u>    |     |
| 8. 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"/>                                                                                                                                     |       |                                                                                                                                           |                    |                        |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with 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<br><u>Mario Vaz</u>                                                                                                                                                        |       |                                                                                                                                           |                    | Date<br><u>9-22-16</u> |     |
| Signature of Authorized Person<br><u>MARIO VAZ</u>                                                                                                                                                   |       |                                                                                                                                           |                    |                        |     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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