

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2016 SEP 22 AM 9: 57

Annual Report for the year: __ 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
0172713	2. Exact name of the Limited Liability Company				
11/3/43	CLEANING SERVICES & ExPress LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
\$1.	floor services, wax, stripping and				
5. State of Formation general clearing					
RI O CONTRACTOR					
6. Principal Office Address		·	City	State	Zip
23 Marion Terrace			Pawtucket	RI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mariow recorded VAZ Contact Title President					
Street Address Marion Terrace			City Paw Loxat	State R	Zip 02860
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		
Cit.		T		·	
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
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 Date					
9-22-16					
Signature of Authorized Person					
MARIO YAZ					
1					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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