



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

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

1. Entity ID No. 129205		2. Exact name of the limited liability company SERVICEONE, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island MULTI-SERVICES			
5. Principal office address 313 WASHINGTON STREET		City PROVIDENCE		State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RAMON G. LANTIGUA		Contact Title MANAGER			
Street Address 361 BLACKSTONE STREET		City PROVIDENCE		State RI	Zip 02907
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name RAMON G. LANTIGUA		Manager Name			
Street Address 361 BLACKSTONE STREET		Street Address			
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 07 2016

BY

1581 OS

File Date _____

Check No _____

By: _____

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.

09/28/2016

Signature of Authorized Person

Date

RAMON G. LANTIGUA

Print or Type Name of Authorized Person

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