	State of Rhode Island and Providence Pla Office of the Secretary of State	antations Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
	ity Company	
nnual Repor		
ning Perioa: Sep	otember 1 - November 1	
	h R.I.G.L. 7-16-66(d), each limited liability company failing or r	
	eport within thirty (30) days after the time prescribed by law (R. bject to a penalty fee of \$25.00.	.I.G.L. 7-
	RT YEAR: 2016	
1. ID No. <u>0(</u>	01659091	
2. Exact Name	of the Limited Liability Company <u>Axel Ramos, LLC</u>	
3. State of Form	nation	
State: <u>RI</u>		
	ARTICLE III	
State: <u>RI</u>	ARTICLE III ng NAICS codes, please select the code that best describes y	our business.
State: <u>RI</u> Using the followi		
State: <u>RI</u>		rour business.
State: <u>RI</u> Using the followi	ng NAICS codes, please select the code that best describes y	<u>6</u> <u>81</u>
State: <u>RI</u> Using the followi		<u>6</u> <u>81</u>
State: <u>RI</u> Using the followi NAICS Code 4. Brief Descrip	ng NAICS codes, please select the code that best describes y	<u>6</u> <u>81</u>
State: <u>RI</u> Using the followi NAICS Code 4. Brief Descrip	ng NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Co L CLEANING BUSINESS.	<u>6</u> <u>81</u>
State: <u>RI</u> Using the followi NAICS Code 4. Brief Descrip	ng NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Co L CLEANING BUSINESS.	<u>6</u> <u>81</u>
State: <u>RI</u> Using the followi NAICS Code 4. Brief Descrip <u>COMMERCIA</u> 5. Principal Offi No. and Street:	ng NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Co L CLEANING BUSINESS. ce Address <u>569 PARK AVENUE</u>	6 81 onducted in Rhode Island
State: <u>RI</u> Using the followi NAICS Code 4. Brief Descrip	ng NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Co L CLEANING BUSINESS.	6 81 onducted in Rhode Island
State: <u>RI</u> Using the followi NAICS Code 4. Brief Descrip COMMERCIA 5. Principal Offi No. and Street: City or Town:	ng NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Co L CLEANING BUSINESS. ce Address <u>569 PARK AVENUE</u>	<u>6</u> <u>81</u> onducted in Rhode Island 895 Country: <u>USA</u>
State: <u>RI</u> Using the followin NAICS Code 4. Brief Descrip COMMERCIA 5. Principal Offi No. and Street: City or Town: 6. Mailing Addreed	Ing NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Co L CLEANING BUSINESS. ce Address <u>569 PARK AVENUE</u> <u>WOONSOCKET</u> State: <u>RI</u> Zip: <u>02</u> ess of Limited Liability Company and Name or Title of Co	<u>6</u> <u>81</u> onducted in Rhode Island 895 Country: <u>USA</u>
State: <u>RI</u> Using the followi NAICS Code 4. Brief Descrip COMMERCIA 5. Principal Offi No. and Street: City or Town: 6. Mailing Addre Contact Name:	ng NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Co <u>L CLEANING BUSINESS.</u> ce Address <u>569 PARK AVENUE</u> <u>WOONSOCKET</u> State: <u>RI</u> Zip: <u>02</u>	<u>6</u> <u>81</u> onducted in Rhode Island 895 Country: <u>USA</u>
State: <u>RI</u> Using the followi NAICS Code 4. Brief Descrip COMMERCIA 5. Principal Offi No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street:	Ing NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Co L CLEANING BUSINESS. Ce Address <u>569 PARK AVENUE</u> <u>WOONSOCKET</u> State: <u>RI</u> Zip: <u>02</u> ess of Limited Liability Company and Name or Title of Co <u>AXEL RAMOS</u> Contact Title: <u>OWNER</u>	6 81 onducted in Rhode Island 895 Country: USA ontact Person:
State: <u>RI</u> Using the followi NAICS Code 4. Brief Descrip COMMERCIA 5. Principal Offi No. and Street: City or Town: 6. Mailing Addro Contact Name: No. and Street: City or Town:	Ing NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Coll L CLEANING BUSINESS. ce Address <u>569 PARK AVENUE</u> WOONSOCKET State: RI Zip: 02 ess of Limited Liability Company and Name or Title of Coll <u>AXEL RAMOS</u> Contact Title: <u>OWNER</u> <u>569 PARK AVENUE</u> <u>OWNER</u> <u>MOONSOCKET</u> State: <u>RI</u> <u>Zip: 02</u> Iddress of Each Manager of the Limited Liability Company	6 81 onducted in Rhode Island 895 Country: USA ontact Person: 895 Country: USA
State: <u>RI</u> Using the followin NAICS Code 4. Brief Descrip COMMERCIA 5. Principal Offi No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town: 7. Name and Ac	Ing NAICS codes, please select the code that best describes y tion of the Character of the Business Which is Actually Coll L CLEANING BUSINESS. ce Address <u>569 PARK AVENUE</u> WOONSOCKET State: RI Zip: 02 ess of Limited Liability Company and Name or Title of Coll <u>AXEL RAMOS</u> Contact Title: <u>OWNER</u> <u>569 PARK AVENUE</u> <u>OWNER</u> <u>MOONSOCKET</u> State: <u>RI</u> <u>Zip: 02</u> Iddress of Each Manager of the Limited Liability Company	6 81 onducted in Rhode Island 895 Country: USA ontact Person: 895 Country: USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

AXEL RAMOS 569 PARK AVENUE WOONSOCKET, RI 02895

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 15 Day of October, 2016 at 9:31:06 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>AXEL RAMOS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved