| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|--|--|
| Annual Report for the year: <u>2016</u> Limited Liability Company | |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 | |

→ 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 | 2. Exact name of the Limited Liability Company | | | | | | |
| 150124 | E+D CLEANING, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 5. State of Formation | Comi | MERCIAL | Cleaning | | | | |
| RT | _ | | 0 | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 17 CHAMBERS ST | | | CumBER land | RI | 02864 | | |
| 7. Mailing Address of Limited Lia | bility Company a | and Name or Title | of Contact Person | | | | |
| Contact Name GODIC WILLAMS | | | Contact Title | | | | |
| Street Address 17 CHAMBERS ST | | | City CUMBER HAND | State P.I | Zip 02864 | | |
| 8. List ALL managers (names ar | nd addresses) of | the Limited Liabi | | DO NOT LIST ME | EMBERS | | |
| Manager Name Eldi E Williams | | | Manager Name | | | | |
| Street Address HAMBERS ST | | | Street Address | | | | |
| ComBERIAND | State Z | Zip 2864 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | · | <u> </u> | Ch | eck the box to ind | licate an attachment | | |
| 9. Resident Agent in Rhode Islan | d. This informatio | n is currently of reco | ord with the Department of State. Ch | anges require filing | Form 642. | | |
| Under penalty of perjury, I dec statements, and that all statem | | | | accompanying | schedules and | | |
| Name of Authorized Person EDO16: W.//IAMS Date 11/04/2014 | | | | | | | |
| FUID VIII | AMS | | | 11/06 | 10014 | | |
| Signature of Authorized Person SERIE DOCCUMATAU REINE | | | | | | | |
| FILED | | | | | | | |
| | • | | · | | | | |

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 0 9 2016

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