	State of Rhode Island and Pro Office of the Secreta		IS Fee: \$50
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	Services reet 4-2615	
imited Liability Co	ompany		
Annual Report Filing Period: September	r 1 - November 1		
n accordance with R.I.G o file its annual report w	6.L. 7-16-66(d), each limited liability comp ithin thirty (30) days after the time prescr a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R : <u>2016</u>		
1. ID No. <u>000919</u> 4	419		
2. Exact Name of the	Limited Liability Company Martin's I	Power Washing LLC	
3. State of Formation			
State: RI			
Using the following NAI	CS codes, please select the code that be	est describes your busir	iess.
NAICS Code		6	<u>81</u>
4. Brief Description of	the Character of the Business Which	is Actually Conducted	d in Rhode Island
	DEALEDCHIDC WITH DECCUDE	WASH MACHINE	
WACHCADIOTIN		WASH MACHINE.	
WASH CAR LOT IN			
5. Principal Office Add	dress		
5. Principal Office Add No. and Street: <u>48</u>	dress FAIRMOUNT AVENUE		Country: USA
5. Principal Office Add No. and Street: <u>48</u> City or Town: <u>JO</u>	dress <u>FAIRMOUNT AVENUE</u> <u>HNSTON</u> Sta	te: <u>RI</u> Zip: <u>02919</u>	<i>.</i>
5. Principal Office AddNo. and Street:48City or Town:JO6. Mailing Address of	dress <u>FAIRMOUNT AVENUE</u> <u>HNSTON</u> Sta Limited Liability Company and Name	te: <u>RI</u> Zip: <u>02919</u> or Title of Contact Pe	<i>.</i>
5. Principal Office Add No. and Street: 48 City or Town: JO 6. Mailing Address of Contact Name: MART No. and Street: 48	dress FAIRMOUNT AVENUE HNSTON Sta Limited Liability Company and Name IN GUERRERO Contact Title: PRESID FAIRMOUNT AVENUE	te: <u>RI</u> Zip: <u>02919</u> or Title of Contact Pe DENT	erson:
5. Principal Office Add No. and Street: 48 City or Town: JO 6. Mailing Address of Contact Name: MART No. and Street: 48	dress FAIRMOUNT AVENUE HNSTON Sta Limited Liability Company and Name IN GUERRERO Contact Title: PRESID FAIRMOUNT AVENUE	te: <u>RI</u> Zip: <u>02919</u> or Title of Contact Pe	<i>.</i>
5. Principal Office Add No. and Street: 48 City or Town: JO 6. Mailing Address of Contact Name: MART No. and Street: 48 City or Town: JOI	dress FAIRMOUNT AVENUE HNSTON Sta Limited Liability Company and Name IN GUERRERO Contact Title: PRESID FAIRMOUNT AVENUE HNSTON State of Each Manager of the Limited Liability	te: <u>RI</u> Zip: <u>02919</u> or Title of Contact Pe <u>DENT</u> e: <u>RI</u> Zip: <u>02919</u>	erson: Country: <u>USA</u>
5. Principal Office Add No. and Street: 48 City or Town: JO 6. Mailing Address of Contact Name: MART No. and Street: 48 City or Town: JOI 7. Name and Address	dress FAIRMOUNT AVENUE HNSTON Sta Limited Liability Company and Name IN GUERRERO Contact Title: PRESID FAIRMOUNT AVENUE HNSTON State of Each Manager of the Limited Liability	te: <u>RI</u> Zip: <u>02919</u> or Title of Contact Pe <u>DENT</u> e: <u>RI</u> Zip: <u>02919</u>	country: <u>USA</u>

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

MARTIN GUERRERO <u>48 FAIRMOUNT AVENUE</u> JOHNSTON, <u>RI</u> 02919

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 November, 2016 at 11:51:05 AM 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 MARTIN GUERRERO

Signature of Authorized Person

Form No. 632 Revised 09/07

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