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.

2017 SEP 27	RECEIVE R.I. DEPT. OF BUS SVCS
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1. Entity ID Number 798331			ed Liability Company S SERVICES LLC		ភ្ជ		
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
	CLEANIN	CLEANING SERVICES					
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
23 BARROWS ST			PROVIDENCE	RI	02909		
7. Mailing Address of Limited	Liability Compa	any and Name o	Title of Contact Person	•	•		
Contact Name Georgina, Terada			Contact Title memk	member			
Street Address 33 Barrows st			City Prou	Stale	02909		
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Ζιρ		
			<u></u>	Check the box to	indicate an attachment		
9. Resident Agent in Rhode Is	sland. This inforr	mation is currently	of record with the Department of Sta	ite. Changes require fili	ng Form 642.		
Under penalty of perjury, I of statements, and that all sta			examined this report, includin true and correct.	g any accompanyir	ng schedules and		
Name of Authorized Person				Date	, ,		
Georgina Terada				9/3	9/27/17		
Signature of Authorized Person	on	SIGN	DOCUMENT HERE		/		
- In the state of							

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

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

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