RI SOS Filing Number: 201752092200 Date: 10/23/2017 4:00:00 PM

| State of Rhode Island and Providence Plantations  Department of State - Business Services Division |  |
|--|--|
|  | STAMP  |
| Annual Report for the year:  |  |
| Limited Liability Company  | and the state of |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00                                    |  |
| → Penalty: Additional \$25.00 fee if form is not filed by December 1.                              | <del></del>  |

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                    |                                 |                    |                    |  |
|---|---|--------------------|---------------------------------|--------------------|--------------------|--|
| 001 F28 108   | MANIOC. CERUTO CC   |                    |                                 |                    |                    |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                    |                                 |                    |                    |  |
| 561700  | cleaning.   |                    |                                 |                    |                    |  |
| 5. State of Formation   |   |                    |                                 |                    |                    |  |
| RZ.   |   |                    | <u> </u>                        | <u> </u>           |                    |  |
| 6. Principal Office Address  WY STUMEY V  | MS,   |                    | CHAMMICK                        | State              | Zip 07889          |  |
| 7. Mailing Address of Limited Lia   | bility Company a  | and Name or Title  |                                 |                    |                    |  |
| Contact Name ( CARUL)   |   | Contact Title      |                                 |                    |                    |  |
| Street Address Lud G-7  | Mrs.  |                    | cit WARWICK                     | StatMI             | Zip CD88           |  |
| 8. List ALL managers (names à   | nd addresses) of  | the Limited Liabil | lity Company, IF APPLICABLE - D | O NOT LIST ME      | MBERS              |  |
| Manager Name  |   | Manager Name       |                                 |                    |                    |  |
| Street Address  |   | Street Address     |                                 |                    |                    |  |
| City  | State   | Zip                | City                            | State              | Zip                |  |
| Manager Name  |   |                    | Manager Name                    |                    |                    |  |
| Street Address  |   |                    | Street Address                  |                    |                    |  |
| City  | State   | Zip                | City                            | State              | Zip                |  |
|   | •   | •                  | Che                             | ck the box to indi | cate an attachment |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. |   |                    |                                 |                    |                    |  |
| 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.  |   |                    |                                 |                    |                    |  |
| Name of Authorized Person   | $\mathbb{A}$  | •                  |                                 | Date \ ( ) -       | 16-17              |  |
| Signature of Authorized Person  |   |                    |                                 |                    |                    |  |
| SICH HOCUMENT HE  |   |                    |                                 |                    |                    |  |

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**Division of Business Services** 

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

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