



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017  
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.

**FILED**  
JAN 03 2018  
STAMP  
BY na

1. Entity ID Number <b>901796</b>		2. Exact name of the Limited Liability Company <b>GARCIA'S CLEANER, LLC</b>			
3. NAICS Code <b>535210</b>		4. Brief description of the character of business conducted in Rhode Island <b>CLEANING</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>59 MITCHELL STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02907</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MARIO GARCIA</b>		Contact Title <b>MANAGER</b>			
Street Address <b>59 MITCHELL STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02907</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Mario Garcia</b>		Manager Name			
Street Address <b>59 Mitchell St.</b>		Street Address			
City <b>Prov</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 <b>MARIO GARCIA</b>				Date <b>12/16/2017</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

## MAIL TO:

Division of Business Services  
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