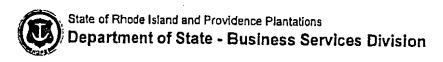
RECEIVED SECRETARY OF STATE CORPORATIONS DIV



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Annual Report for the year:	2017		
Limited Liability Company			
→ Filing period: September 1 - Nove	ember 1		

- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

		,							
	1. Entity ID Number 2. Exact name of the Limited Liability Company								
	1049069	- C							
	3. NAICS Code	NAICS Code 4. Brief description of the character of business conducted in Rhode Island							
	50/720	ı							
	5. State of Formation	cleaning cervic.							
	· 27	Ciedining of the							
	6. Principal Office Address	Office Address				State	Zip		
	11 Willimas Ave			East Pro	uid	EI	02914		
	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
	Contact Name 1			Contact Title					
	Angelina L. Jontes								
Ł	Street Address 11 Willimas Avc			East Provi	d.	State	210 02914		
,	8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
	Manager Name			Manager Name					
	Street Address			Street Address .					
	Cit								
	Cily	State `	Zip	City		State	Zip		
	Manager Name			Manager Name					
	Street Address			Street Address					
	City State 7in			1		,	· · · · · · · · · · · · · · · · · · ·		
		State	Zip	City		State	Zip		
	Check the box to indicate 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								
١	statements, and that all statements contained herein are true and correct.								
•	Name of Authorized Person				Date				
	I Angelina L-Fontes			05-11.12					
	Signature of Authorized Person								
	1								
						ELLED	<u> </u>		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 11 2018 /2!23

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