

Annual Report for the year: 2019 **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	- /
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1819	

1. Entity ID Number 129205	2. Exact name of the Limited Liability Company SERVICEONE, LLC					
3. MAICS COMP 90	4. Brief description of the character of business conducted in Rhode Island MULTI- SERVICES					
5. State of Formation						
RHODE ISLAND			-			
6. Principal Office Address			City	State	Zıp	
1574 ELMWOOD AVENUE			CRANSTON	RI	02910	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person			
Contact Name RAMON G. LANTIGUA			Contact Title MANAGER			
Street Address 361 BLACKSTONE STREET			City PROVIDENCE	State RI	<sup>Zıp</sup> 02907	
8. List ALL managers (names a	nd addresses) c	of the Limited Lia	bility Company, IF APPLICABI	E - DO NOT LIST	MEMBERS	
Manager Name RAMON G. LANTIGUA			Manager Name			
Street Address 361 BLACKSTONE STREET		Street Address				
City PROVIDENCE	State RI	<sup>Zip</sup> 02907	C:ty	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	1			Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Islai	nd. This informati	on is currently of re	ecord with the Department of State	c. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten				any accompanyin	g schedules and	
Name of Authorized Person			Date			
RAMON G. LANTIGUA			09/23/2019			
Signature of Authorized Person		SIGN DO	OCUMENT HERE			

MAIL TO:

**Division of Business Services** 

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

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