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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

CORPORATIONS DIV

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.

| 1. Entity ID Number  | ntity ID Number 2. Exact name of the Limited Liability Company              |     |                 |            |           |  |
|--|---|-----|-----------------|------------|-----------|--|
| 1685303 Soriano Cleaning LLC   |   |     |                 |            |           |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |     |                 |            |           |  |
| 561740   |   |     |                 |            |           |  |
| 5. State of Formation Cleaning house   |   |     |                 |            |           |  |
| 6. Principal Office Address  |   |     | City            | State      | Zip       |  |
| 796 Branch Ave Aring"  |   |     | providence      | <i>E-2</i> | 02904     |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |     |                 |            |           |  |
| Contact Name Zaira Soriano   |   |     | Contact Title   |            |           |  |
| Street Address<br>796 Branch Ale Apt A   |   |     | City Providence | Stale      | 21902-904 |  |
| 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  |            |           |  |
| City   | State   | Ζίρ | City            | State      | Zip       |  |
| Manager Name   |   |     | Manager Name    |            |           |  |
| Street Address   |   |     | Street Address  |            |           |  |
| City   | State   | Zıp | 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 statements, and that all statements contained herein are true and correct. |   |     |                 |            |           |  |
| Name of Authorized Person  |   |     |                 | Date       |           |  |
| Zaira Sociano  |   |     |                 | 12-2-19    |           |  |
| Signature of Authorized Parson   |   |     |                 |            |           |  |

MAIL TO:

Division of Business Services

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

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

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