

DEPT. OF STATE  
BUS SVCS DIV

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

Annual Report for the year: 2015  
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 <u>509376</u>		2. Exact name of the Limited Liability Company <u>Paraiso Multiservices LLC</u>	
3. NAICS Code <u>999999</u>		4. Brief description of the character of business conducted in Rhode Island <u>Multiservice Provider including money wires and retail sales</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>1080 Chalkstone Ave</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Magaly Estrella</u>		Contact Title <u>Member owner</u>	
Street Address <u>1080 Chalkstone Ave</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Magaly Estrella</u>		Manager Name	
Street Address <u>SAME AS ABOVE</u>		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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.			
<i>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.</i>			
Name of Authorized Person <u>Magaly Estrella</u>		Date <u>3/13/20</u>	
Signature of Authorized Person <u>Magaly Estrella</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

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