

R.I. DEPT. OF STATE  
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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ~~2019~~ 2012  
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 509376		2. Exact name of the Limited Liability Company Paraiso Multiservices LLC			
3. NAICS Code 999999		4. Brief description of the character of business conducted in Rhode Island Multiservice Provider including money wires and retail sales			
5. State of Formation RI					
6. Principal Office Address 1080 Chalkstone Ave		City Providence	State RI	Zip 02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Magaly Estrella		Contact Title Member owner			
Street Address 1080 Chalkstone Ave		City Providence	State RI	Zip 02907	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Magaly Estrella		Manager Name			
Street Address SAME AS ABOVE		Street Address			
City	State	Zip	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 Magaly Estrella				Date 3/13/20	
Signature of Authorized Person Magaly Estrella					

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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