State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 000903511

2. Exact Name of the Limited Liability Company Rug Doctor, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

561740

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

CARPET CLEANING SALES AND SERVICE

5. Principal Office Address

No. and Street: 2201 W. PLANO PARKWAY
SUITE 100
City or Town: PLANO State: TX Zip: 75075 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 2201 W. PLANO PARKWAY
SUITE 100
City or Town: PLANO State: TX Zip: 75075 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BRETT L'ESPERANCE	200 CLARENDON STREET

		BOSTON, MA 02116 USA
MANAGER	CEDRIC HENLEY	500 PARK AVE., 3RD FLOOR NEW YORK, NY 10022 USA
MANAGER	ANDREW HUA	245 PARK AVENUE, 44TH FLOOR NEW YORK, NY 10167 USA
MANAGER	ADAM FERRARINI	245 PARK AVENUE, 44TH FLOOR NEW YORK, NY 10167 USA
MANAGER	CHRIS FORSBERG	2201 W. PLANO PKWY, SUITE 100 PLANO, TX 75075 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 3 Day of August, 2020 at 11:45:28 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MELANIE TROSTEL TERRELL
Signature of Authorized Person

Form No. 632
Revised 09/07