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. 001680842

2. Exact Name of the Limited Liability Company EGUILLEN-SERVICES LLC

3. State of Formation

State: RI

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.

524210

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

EGUILLEN-SERVICES LLC IS AN INDEPENDENT MARKETING ORGANIZATION WHICH HELPS INDIVIDUALS OR SMALL BUSINESSES CONNECT WITH HEALTH, INSURANCE, RESOURCES AND RETIREMENT PLANNING EDUCATION. WE PROVIDE FREE HEALTH &
FINANCIAL EDUCATION TO WOMEN OR ANY COMMUNITY MEMBER WHO IS INTERESTED.
INDIVIDUALS WHO ARE ELIGIBLE FOR FEDERAL MEDICARE MAY BE ASSISTED IN SELECTING & APPLYING FOR FEDERAL MEDICARE OPTIONS WITH UNITED HEALTHCARE & OR APPLYING FOR SUBSIDIES IN ORDER TO AFFORD THEIR HEALTH INSURANCE. HELP PROVIDED TO APPLY FOR SUBSIDIES, IS FREE OF CHARGE AND WITHOUT OBLIGATION TO ENROLL.

5. Principal Office Address

No. and Street: 1040 BROAD STREET
UNIT C AND UNIT D
City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

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

Contact Name: EVELYN GUILLEN Contact Title: CEO
No. and Street: 66 HUBER AVENUE
APT B6
City or Town: PROVIDENCE State: RI Zip: 02909 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

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

EVELYN GUILLEN 66 HUBER AVENUE, APT. B6 PROVIDENCE , RI 02909

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

Signed this 22 Day of October, 2020 at 9:35:57 PM 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 EVELYN GUILLEN
Signature of Authorized Person

Form No. 632
Revised 09/07