

Annual Report for the year: $\frac{2019}{}$ **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.

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| 4. Entity ID North | 2 5 | ma of the time! | inhilling Communication | | · | |
|--|---|--|---|---------------------------------------|------------------------|--|
| 1. Entity ID Number | | 2. Exact name of the Limited Liability Company | | | | |
| 001042044 | GLENCO MAINTENANCE LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 561720 | JANITORIAL CLEANING | | | | | |
| 5. State of Formation | 1 | | | | l | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| PO BOX 667 | | | WEST KINGSTON | RI | 02892 | |
| 7. Mailing Address of Limited Lia | | ny and Name or Tit | | · · · · · · · · · · · · · · · · · · · | | |
| Contact Name ZACHARY BROWNING | | | Contact Title OWNER | | | |
| Street Address 514 KINGTOWN RD | | | City WEST KINGSTON | State RI | ^{Zip} 02892 | |
| 8. List ALL managers (names a | nd addresses | s) of the Limited Lial | bility Company, IF APPLICABLE | - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| | <u> </u> | • | | Check the box to | indicate an attachment | |
| 9. The Resident Agent informati | ion currently o | of record with the RI | Department of State is accurate | e. Changes requir | e filing Form 642. | |
| Under penalty of perjury, I de statements, and that all state | | | mined this report, including a se and correct. | ny accompanyir | g schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| ZACHARY BROWNING | | | | 02/25/2 | 02/25/2021 | |
| Signature of Authorized Person | - | | | | | |

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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FORM 632 - Revised: 08/2020