RI SOS Filing Number: 202195220980 Date: 4/1/2021 10:49:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 APR -1 A 10: 41

→ 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 000542081	2. Exact name of the Limited Liability Company PARAISO MULTI SERVICES #2 LLC					
3. NAICS Code 522390	Brief description of the character of business conducted in Rhode Island MONEY TRANSCATIONS					
5. State of Formation RI						
6. Principal Office Address 461 PLAINFIELD STREET			City PROVIDENCE	State RI	Z _I p 02909	
7. Mailing Address of Limited Lia		y and Name or Tit	le of Contact Person			
Contact Name MAGALY ESTRELLA			Contact Title			
Street Address 461 PLAINFIELD STREET			City PROVIDENCE	State RI	^{Zip} 02909	
8. List ALL managers (names a	nd addresses)	of the Limited Lial	bility Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS	
Manager Name MAGALY ESTRELLA			Manager Name			
Street Address 461 PLAINFIELD STREET			Street Address			
City PROVIDENCE	State RI	^{Zip} 02909	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to ii	ndicate an attachment	
9. The Resident Agent information	on currently of	record with the RI	Department of State is accura	te. Changes require	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm	n that I have exa	mined this report, including a	any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
MAGALY ESTRELLA				04/01/2	04/01/21	
Signature of Authorized Person Magay Extru	la					

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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