



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018
Limited Liability CompanyRECEIVED
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		4. 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	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title 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 and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MAGALY ESTRELLA		Manager Name			
Street Address 461 PLAINFIELD STREET		Street Address			
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person MAGALY ESTRELLA				Date 04/01/21	
Signature of Authorized Person <i>Magaly Estrella</i>					

FILED

APR 01 2021

MAIL TO:

Division of Business Services

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