

Department of State - Business Services Division

FILED

Annual Report for the year: <u>2020</u> 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.

| | - 1. |
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| BY_ | 1aus ns |
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|--|---|----------|-----------------------|------------------|------------------------|--|--|
| Entity ID Number 2. Exact name of the Limited L | | | iability Company | | 11 - | | |
| 001004610 | De LA | MOCA | DUTAYOUL | Dervi | ces LLC | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 561130 | Lundscaf | Pois | | | | | |
| 5. State of Formation | | | | | | | |
| RI | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 22 Ethan 5% | | | Providence | RI | 02909 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Conlact Name Francisco De | la Ro | ca. | Contact Title Manager | | | | |
| Street Address 31. Pron | dence RI | | 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 + Truneis co | De la | Roca | Manager Name | | | | |
| Street Address Ethan | <i>2</i> f | | Street Address | | | | |
| Providence | State X | zi8 2909 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| <u>-</u> | 1 | <u> </u> | | 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. | | | | | | | |
| 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. | | | | | | | |
| Name of Authorized Person Date | | | | | | | |
| Francisco | de la | Roca | 3/25/2019 | | | | |
| Signature of Authorized Person | | | | | | | |
| Francisco chea Roca | | | | | | | |
| 17 | | | | | | | |
| ✓ | | | | | | | |

MAIL TO:

Division of Business Services

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