

Annual Report for the year: 2021
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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1. Entity ID Number	2 Event name	aé sha limitan lin	Note to the second	<u></u>	
1	2. Exact name of the Limited Liability Company				
001681506	N OUG			SUICS	LLC
3. NAICS Code	4. Brief descrip	tion of the charac	ter of business conducted in Rho	de Island	
36 1720					`
5. State of Formation			1		. 1
R.I	Cle	aning	and Property	Danag	net
6. Principal Office Address	_	\supset	City	State	Zip
17 gal of 8	97-		North Providor	R.T	029011
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lohana Solo			Contact Title		
Street Address	st		Ciny oth Recipion	State	Zip 27904
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
			Manager Name		
Street Address			Street Address		
(A)	St :	7-	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
			Cho	eck the box to ind	icate 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	11			Date	
Johan 500 6.7-21					
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 FILED

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FORM 632 - Revised: 08/2020