



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2020**

## 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<br><b>001687784</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>GBC BUILDING MAINTENANCE LLC</b>                   |                              |                           |                     |
| 3. NAICS Code<br><b>561720</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>cleaning services</b> |                              |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                         |                              |                           |                     |
| 6. Principal Office Address<br><b>1182 CHLAKSTONE AVENUE</b>                                                                                                                                                |       |                                                                                                         | City<br><b>PROVIDENCE</b>    | State<br><b>RI</b>        | Zip<br><b>02908</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                         |                              |                           |                     |
| Contact Name <b>GERSON BARRIENTOS</b>                                                                                                                                                                       |       |                                                                                                         | Contact Title <b>OFFICER</b> |                           |                     |
| Street Address <b>1182 CHALKSTONE AVENUE</b>                                                                                                                                                                |       |                                                                                                         | City <b>PROVIDENCE</b>       | State <b>RI</b>           | Zip <b>02908</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability 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 | Zip                                                                                                     | City                         | State                     | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                         |                              |                           |                     |
| 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<br><b>GERSON BARRENTOS</b>                                                                                                                                                        |       |                                                                                                         |                              | Date<br><b>06/18/2021</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                         |                              |                           |                     |

## MAIL TO:

## Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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FORM 632 - Revised: 08/2020