RI SOS Filing Number: 202199306310 Date: 7/15/2021 11:53:00 AM



State of Rhode Island

## Department of State - Business Services Division

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

2021 JUL 15 A 11: 49"

→ 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	2 Evact name	of the Limited Lin	Lilla C		
1. Entity ID Number  2. Exact name of the Limited Liability Company  2. Exact name of the Limited Liability Company					
P-1					
4. One description of the character of business conducted in Rhode Island					
541730 WINDOW Cleaning, Gutter & DWDr washing of					una at
5. State of Formation					
R. I residential Atico & Commercial Haces.					
6. Principal Office Address  City  State  Zip					
U.S. OLLMAN ST	not Apt	000	Providence	IRI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name					
Street Address			Contact Title MMAQUY		
	t Apt c	Sol	Broudence	State	Zip D02909
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Edgar Nedina			Manager Name		
Street Address Man Street Lot 202			Street Address		
Providence	State	2ip 02909	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	In.	<del></del>
		1	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					
Under penalty of perjury, I declare and affirm that I have examined this report, including any second secon					
statements, and that all statements contained herein are true and correct.  Name of Authorized Person					
A. Human					
Signature of Authorized Person					
l ·					

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 <

DUL 1 5 2021

BY CM M8RT 7