

Annual Report for the year: 2019
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.

RECEIVED R.I. DEPT. OF STATE	STAMP	
BUS SYCS DIY	Flore Striker George George	

2021 JUL 29 A 11: 27

1. Entity ID Number 000562729	2. Exact name of the Limited Liability Company					
	M & D CLEANING LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
561720	J					
5. State of Formation	Cteaning.					
RI		}			·	
6. Principal Office Address			City	State	Zip	
359 GREENVILLE AV			JOHNSTON	RI	02863	
7. Mailing Address of Limited Lia	ability Company	and Name or Tit	le of Contact Person	_		
Contact Name OLIVIA L MENDEZ			Contact Title			
Street Address 1267 CHALKSTONE AV			City PROVIDENCE	State RI	^{Zip} 02908	
8. List ALL managers (names a		of the Limited Lial	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name OLIVIA L MENDEZ			Manager Name			
Street Address 1267 CHALKSTONE AV		Street Address				
City PROVIDENCE	State RI	^{Z_{IP}} 02908	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			<u> </u>	Check the box to i	ndicate an attachment	
9. The Resident Agent informati	on currently of r	ecord with the RI	Department of State is accura	te. Changes requir	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all states	clare and affirm ments containe	that I have exa d herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and	
Name of Authorized Person			Date			
OLIVIA L MENDEZ			05/12/2021			
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 JUL 29 2021

BY (4 D T S BW)