RI SOS Filing Number: 202100984000 Date: 9/3/2021 4:00:00 PM State of Rhode Island Department of State - Business Services Division FILED Annual Report for the year: **Limited Liability Company** SEP (1.3 2021 → 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. Exact name of the Limited Liability Company 4. Brief description of the character of business conducted in Rhode Island Resterant cleaning 5. State of Formation 6. Principal Office Address City State 62905 Grand Auc 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Hlex Street Address 500 Siz 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

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

9-10-2021

Signature of Authorized Person

MAIL TO:

Division of Business Services

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

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