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State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE **BUS SYCS DIV**

2021 NOV 22 P 52: 56"1"

Annual Report for the year: 2021 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50,00

→ Penalty: Additional \$25 00 fee if form is not filed by April 1

7 Fernancy. Additional \$25		, ,			-		
1. Entity ID Number		2. Exact name of the Corporation					
001673604	LIDIAS C	AS CLEANING SERVICES LTD					
3. Principal Office Address			City		State	Zıp	
43 UNIT ST			PROVIDE	NCE	RI	02909	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
561720	HOUSEKE	HOUSEKEEPING SERVICES					
5. State of Incorporation		1					
RI							
7. List ALL officers (names ar	nd addresses)			Che	ck the box to in	ndicate an attachment	
President Name ROBIN J RAMIREZ			Vice-President Name				
Street Address 43 UNIT ST			Street Address				
City PROVIDENCE	State RI	^{Zip} 02909	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	• 1	Stale	Zip	
8. List ALL directors (names a	and addresses)		ı	Che	ck the box to in	ndicate an attachment 🔲	
Director Name	•		Director Name	•			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	Shares Authorized 10. Shares Iss		sued Check the box to indicate an attachment				
This information is currently of record in the		NUMBER O		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		75		PWP		\$0.0100	
			-				
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	I sentative If the co	rogration is in t	he hands of a receiver or	
trustee, this report must be ex	xecuted on behalf o	f the corporation by	the receiver or t	rustee.			
Under penalty of perjury, I				including any acc	ompanying so	chedules and	
statements, and that all sta Name of Authorized Represe		i herein are true an	id correct.		Date		
ROBIN J RAMIREZ					11/19/2021		
Signature of Authorized Repr	esentative	<u> </u>			1		
-37PW	>						
				FiL	FT)		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rr.gov NOV 2 2 2021 BY_______FV4X/FORM 630 - Revised: 08/2020