



State of Rhode Island

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
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STAMPAnnual Report for the year: 2021

## 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.

|                                                                                                                                                                                                             |                 |                                                                                                        |                            |                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>001701812</b>                                                                                                                                                                     |                 | 2. Exact name of the Limited Liability Company<br><b>EXCELLENT CLEANING LLC</b>                        |                            |                           |                     |
| 3. NAICS Code<br><b>561720</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>CELANING SERVICE</b> |                            |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                 |                                                                                                        |                            |                           |                     |
| 6. Principal Office Address<br><b>222 WASHINGTON AVE</b>                                                                                                                                                    |                 | City<br><b>PROVIDENCE</b>                                                                              |                            | State<br><b>RI</b>        | Zip<br><b>02905</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                        |                            |                           |                     |
| Contact Name <b>MARIBEL BRAVO</b>                                                                                                                                                                           |                 |                                                                                                        | Contact Title <b>OWNER</b> |                           |                     |
| Street Address <b>222 WASHINGTON AVE</b>                                                                                                                                                                    |                 | City <b>PROVDENCE</b>                                                                                  |                            | State <b>RI</b>           | Zip <b>02905</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                        |                            |                           |                     |
| Manager Name <b>MARIBEL BRAVO</b>                                                                                                                                                                           |                 |                                                                                                        | Manager Name               |                           |                     |
| Street Address <b>222 WASHINGTON AVENUE</b>                                                                                                                                                                 |                 |                                                                                                        | Street Address             |                           |                     |
| City <b>PROVIDENCE</b>                                                                                                                                                                                      | State <b>RI</b> | Zip <b>02905</b>                                                                                       | 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>MARIBEL BRAVO</b>                                                                                                                                                           |                 |                                                                                                        |                            | Date<br><b>11/15/2021</b> |                     |
| Signature of Authorized Person<br><i>Maribel Bravo</i>                                                                                                                                                      |                 |                                                                                                        |                            |                           |                     |

## MAIL TO:

Division of Business Services

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

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