



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
 Limited Liability Company

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 BUS SVCS DIV.
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1. Entity ID Number <u>001681145</u>		2. Exact name of the Limited Liability Company <u>True Shine Solutions LLC</u>	
3. NAICS Code <u>812310</u>		4. Brief description of the character of business conducted in Rhode Island <u>COIN-OPERATED LAUNDRIES</u>	
5. State of Formation <u>Rhode Island</u>		<u>& DROP-OFF</u>	
6. Principal Office Address <u>213 CRANSTON ST</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>YOMARY PERALTA</u>		Contact Title <u>Owner</u>	
Street Address <u>11 NEWTACONKAWUT RD</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
8. 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 <u>YOMARY PERALTA</u>		Date <u>01/04/2023</u>	
Signature of Authorized Person 			

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MAIL TO:

Division of Business Services

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