

→ Filing period: February 1 - May 1

→ Filing Fee: \$50 00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2023 APR 27 A 10: 59

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1. Entity ID Number	2. Exact name of the Limited Liability Company			
001693749	CL ENTER	PRISES . 4C		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
2 3 6 1 8 5. State of Formation	Painting, Flooring, CARPENTRY, Remodeling-			
MA				
6. Principal Office Address		City	State	Zip
38 AMES Street		BROCKTON	MA	02301
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Elizabeth LUNA Contact Title MANAGER				
Street Address 38 AHES SREET		CITY BROCKTON	State MA	Zip 02301
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  ELIZA beth LVNA			Feb 24, 2023	
Signature of Authorized Person Windsthyllan 3.				
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**FILED** 

APR 27 2023 BY ML GD J9 P

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:00