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## State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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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1. Entity ID Number	2. Exact name of the Limited Liability Company						
001693536	Felix Limited LLC						
3. NAICS Code SGITLO	4. Brief description of the character of business conducted in Rhode Island						
5. State of Formation Rエ	Cleaning						
6. Principal Office Address	1 ,	City	State	Zip			
172 North Bend St		tout.	RI	02860			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Teligbento Comes		Contact Title 401-545-6193					
Street Address 170 North Bend St		city Faut.	State	2ip 02860			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
9. 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	<del> · · ·</del>			
Felisberto (	OMES)						
Signature of Authorized Person			2/27	/24			
	7						

MAIL TO:

**Division of Business Services**148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 21 2024 BY\_G-F49V