		te of Rhode Is		Fee: \$50.00
		the Secretar	•	
		48 W. River Str		
Providence RI 02904-2615				
1636		(401) 222-3040	)	
Limited Liability C Annual Report	ompany			
Filing Period: Februa	ry 1 - May 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or				
refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. ID No. <u>001659091</u>				
2. Exact Name of the Limited Liability Company <u>AXEL RAMOS, LLC</u>				
3. State of Formation	on			
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>561720</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
COMMERCIAL CLEANING BUSINESS.				
5. Principal Office	Address			
No. and Street:	<u>168 MORIN ST</u>			
City or Town:	WOONSOCKET	State: <u>RI</u>	Zip: <u>02895</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
	EL RAMOS Contact Title	e: <u>OWNER</u>		
No. and Street: City or Town:	<u>168 MORIN ST</u> WOONSOCKET	State: <u>RI</u>	Zip: <u>02895</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
AXEL RAMOS <u>168 MORIN STREET</u> WOONSOCKET , <u>RI 02895</u>				

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 5 Day of March, 2024 at 5:19:49 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>AXEL RAMOS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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