	<b>0</b>		•		<b>* =</b> 0.00
R		e of Rhode Isl the Secretary		Fee:	\$50.00
	Divisio	on Of Business S	ervices		
	14	48 W. River Stre	et		
		dence RI 02904-	2615		
1630		(401) 222-3040			
Limited Liability Company Annual Report Filing Period: February 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					
<b>1. ID No.</b> <u>001719553</u>					
<b>2. Exact Name of the Limited Liability Company</b> $\underline{M \& B CLEANING SERVICES LLC}$					
3. State of Formation					
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					
JANITORIAL AND CLEANING SERVICES					
5. Principal Office	e Address				
No. and Street:	<u>59 HANCOCK ST</u> <u>APT 2</u>				
City or Town:	PAWTUCKET	State: <u>RI</u>	Zip: <u>02860</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: <u>CARLOS MOREIRA</u> Contact Title: No. and Street: <u>59 HANCOCK ST</u> <u>APT 2</u>					
City or Town:	PAWTUCKET	State: <u>RI</u>	Zip: <u>02860</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

CARLOS MOREIRA 59 HANCOCK STREET, APT. 2 PAWTUCKET , RI 02860

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

**Signed this 30 Day of April, 2024 at 12:59:32 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 CARLOS MOREIRA

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved