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State of Rhode Island Department of State - Business Services Division

2024

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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STAMP

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001739799	Fortaleza Multi Services LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island INCOME TAX PREPARATION, DOCUMENT PRODUCTION, IMMIGRATION APPLICATIONS, TRANSLATIONS AND NOTARY PUBLIC.			
541213				
5. State of Formation	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Rhode Island	٠			· -
6. Principal Office Address		City	State	Zip
52 Superior Street 2nd Floor		Providence	RI	02907
7. Mailing Address of Limited L	iability Company and Name or Title	of Contact Person		
Contact Name Michelle Santos-Garcia		Contact Title Owner		
Street Address 52 Superior Street 2nd Floor		City Providence	State RI	^{Zip} 02907
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	
Michelle Santos-Garcia			5-1-2024	
Signature of Authorized Person Muhlled				

FILED

MAY -X 3 2024

MAIL TO:

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

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