RI SOS Filing Number: 202453972970 Date: 5/3/2024 11:32:00 AM

| 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. | 7) REC'D RIDGS 8 24 MAR 26 and 13 |

| | | | | <u> </u> | |
|---------------------------------------|--|---------------------------------|------------------|----------------------|--|
| 1. Entity ID Number 001704704 | 2. Exact name of the Limited Liability Company ALPHA AUTO DETAIL LLC | | :00 | | |
| 3. NAICS Code 811192 | Brief description of the character of business conducted in Rhode Island AUTO DETAIL | | | | |
| 5. State of Formation | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 672 PRAIRE AVE APT 2C | | PROVIDENCE | RI | 02905 | |
| 7. Mailing Address of Limite | d Liability Company and Name or Tit | le of Contact Person | • | • | |
| Contact Name EDUARDO HERNANDEZ FLORES | | Contact Title OWNER | | | |
| Street Address 672 PRAIRE AVE APT 2C | | City PROVIDENCE | State RI | ^{Zip} 02905 | |
| 8. The Resident Agent infor | mation currently of record with the RI | Department of State is accurate | . Changes requir | e filing Form 642. | |
| | y, I declare and affirm that I have e tatements contained herein are tru | | впу ассотрапу | ring schedules and | |
| Name of Authorized Person | | | Date | | |
| EDUARDO HERNANDE FLORES | | | 01/18/2024 | | |
| Signature of Authorized Ren | rson | | | | |

FILED

MAY 03 2024 11:30

BY FHG17

MAIL TO:

Division of Business Services

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

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