RI SOS Filing Number: 202454624580 Date: 5/20/2024 4:00:00 PM

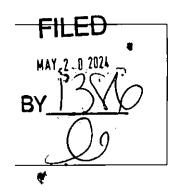
State of Rhode Island Department of State - Business Services Division

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.



| 1. Entity ID Number 001673251 | | 2. Exact name of the Limited Liability Company Ramirez Services LLC | | | |
|---|---|---|----------------------------|----------------------|--|
| 3. NAJCS-Code 5. State of Formation Rhode Island | Brief description of the character of business conducted in Rhode Island To engage in the business of painting, maintenance, and related work | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 56 Bassett Mills Road | | Voluntown | СТ | 06384 | |
| 7. Mailing Address of Limited | d Liability Company and Name | or Title of Contact Person | | | |
| Contact Name Edvin Ramirez | | Contact Title Member | | | |
| Street Address 56 Bassett Mills Road | | City Voluntown | State CT | ^{Zip} 06384 | |
| 8. The Resident Agent inforr | nation currently of record with t | he RI Department of State is accur | I rate. Changes require | e filing Form 642. | |
| 9. Under penalty of perjury | r, I declare and affirm that I ha | eve examined this report, includ | | | |
| statements, and that all statements contained herein are true and correct. Name of Authorized Person | | | Date | | |
| Edvin Ramirez | | 4:4-30-24 | | | |

MAIL TO:

Division of Business Services

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

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