

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 202 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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| 850<br>):22:40                      |  |

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |       |            |              |  |  |
|---|---|-------|------------|--------------|--|--|
| 001964437   | Walters Cleaning Power LLC  |       |            |              |  |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |       |            |              |  |  |
| 561720  | Commercial Cleaning.  |       |            |              |  |  |
| 5. State of Formation   |   |       |            |              |  |  |
| P.#   |   |       |            |              |  |  |
| 6. Principal Office Address   | <u>.</u> .  | City  | State      | Zip          |  |  |
| 115 Pumgansett ST   |   | Prou. | R#         | 0 2908       |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |       |            |              |  |  |
| Contact Name Contact Title  |   |       |            |              |  |  |
| Walter Lopez  |   | Owner |            |              |  |  |
| Street Address  |   | City  | State 2.1  | Zip          |  |  |
| 113 Pumagnsett ST.  |   | frov. | K.I        | 2ip 0 2 90 8 |  |  |
| 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  |   |       |            |              |  |  |
| Walter Y. Lopez   |   |       | 06/13/2024 |              |  |  |
| Signature of Authorized Person  |   |       |            |              |  |  |
| Walte of John   |   |       |            |              |  |  |

**FILED** 

JUN 1 8 2024

MAIL TO:

**Division of Business Services** 

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