



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 SEP 9 AM 10:57:10

Annual Report for the year: 2024 Amended no fee  
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 <u>1700783</u>		2. Exact name of the Limited Liability Company <u>IVETTE Multiservices LLC</u>	
3. NAICS Code <u>524210</u>		4. Brief description of the character of business conducted in Rhode Island <u>Insurance Agency, Tax Preparation and Professional Services.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>318 Pocasset Ave</u>		City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>IVETTE RIVERA GARCIA</u>		Contact Title	
Street Address <u>18 RYDER AVE</u>		City <u>Providence</u>	State <u>RI</u>
Zip <u>02920</u>			
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 <u>Ivette Rivera Garcia</u>		Date <u>9/9/24</u>	
Signature of Authorized Person <u>[Signature]</u>			

FILED

SEP 09 2024  
BY AA. 10:57 AM

MAIL TO:  
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