



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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.

REC'D RI SOS BSD  
24 NOV 18 PM 3:38:29

|                                                                                                                                                                                                         |  |                                                                                                                                    |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>1097615</b>                                                                                                                                                                   |  | 2. Exact name of the Limited Liability Company<br><b>The Cleaning People RI, LLC.</b>                                              |                    |
| 3. NAICS Code<br><b>561720</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Residential and Commercial Cleaning Services</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                                                    |                    |
| 6. Principal Office Address<br><b>1395 Atwood Avenue Suite 209B</b>                                                                                                                                     |  | City<br><b>Johnston</b>                                                                                                            | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02919</b>                                                                                                                |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                    |                    |
| Contact Name<br><b>Tammy Martin</b>                                                                                                                                                                     |  | Contact Title<br><b>Member</b>                                                                                                     |                    |
| Street Address<br><b>1395 Atwood Avenue Suite 209B</b>                                                                                                                                                  |  | City<br><b>Johnston</b>                                                                                                            | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02919</b>                                                                                                                |                    |
| 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<br><b>Tammy Martin</b>                                                                                                                                                        |  | Date<br><b>11/15/2024</b>                                                                                                          |                    |
| Signature of Authorized Person<br><i>Tammy Martin</i>                                                                                                                                                   |  |                                                                                                                                    |                    |

**FILED** 3:39

NOV 18 2024

BY W4J2R  
JK

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)