

## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

**Limited Liability Company** 

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001760616	Alaia Housekeeping ILC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
561720						
5. State of Formation						
R.I	Personal Clean	ing and	houseKe	replag Se	ervl Ces.	
6. Principal Office Address		City		State	Zip	
644 River AU	é 2011	Provide	n Ce	RI	02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Contact Title					
Lournes Kuiz						
Street Address	ı	City		State	Zip	
644 Kiver	Ave apt 1	Providen	ce	K.I	02908	
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			
Lourdo Kuiz			02/19/2025			
Signature of Aythorized Person						
Lourd In						

FILED

FEB 19 2025 BY PK 50S

MAIL TO:

**Division of Business Services** 

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

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