



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2025

→ 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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BUSINESS SERVICES  
2025 MAR 3 4:00 PM

|                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                          |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>1757557                                                                                                                                                                          |  | 2. Exact name of the Limited Liability Company<br>Soul Sisters Home Health and Cleaning Services                                                                                                                                         |             |
| 3. NAICS Code<br>561720                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>I (Kaissa Demers) is very Passionate about my business. Clients love me because I am very thorough and they say my personality is electric. house cleaner |             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  | RI DOS MADE NON-SUBSTANTIVE E                                                                                                                                                                                                            |             |
| 6. Principal Office Address<br>77 Turtletot Hill rd                                                                                                                                                     |  | City<br>Chepachet                                                                                                                                                                                                                        | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02814                                                                                                                                                                                                                             |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                                                                                                          |             |
| Contact Name<br>Kaissa Demers                                                                                                                                                                           |  | Contact Title                                                                                                                                                                                                                            |             |
| Street Address<br>77 Turtletot Hill rd                                                                                                                                                                  |  | City<br>Chepachet                                                                                                                                                                                                                        | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02814                                                                                                                                                                                                                             |             |
| 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>Kaissa Demers                                                                                                                                                              |  | Date<br>2/22/25                                                                                                                                                                                                                          |             |
| Signature of Authorized Person<br>Kaissa                                                                                                                                                                |  |                                                                                                                                                                                                                                          |             |

FILED

MAR 03 2025

BY DC324

AA. 9:07 AM.

MAIL TO:

Division of Business Services  
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