RI SOS Filing Number: 202566645200 Date: 3/7/2025 4:25:00 PM



## State of Rhode Island

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

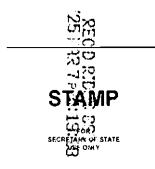
Annual Report for the year: Limited Liability Company

2024

→ 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  | 2. Exact name of the Limited Liability Company                           |                     |             |                      |
|--|--|---------------------|-------------|----------------------|
| 001685698  | GLORIA A ANGULO LLC  |                     |             |                      |
| 3 NAICS Code   | Brief description of the character of business conducted in Rhode Island |                     |             |                      |
| 561720   | CLEANING   |                     |             |                      |
| 5. State of Formation  |  |                     |             |                      |
| RI   |  |                     |             |                      |
| 6. Principal Office Address  |  | City                | State       | Zip                  |
| 148 WOODWARD AVE FL 1  |  | E. PROVIDENCE       | RI          | 02914                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                     |             |                      |
| Contact Name GLORIA A ANGULO   |  | Contact Title OWNER |             |                      |
| Street Address 148 WOODWARD AVE FL 1   |  | City E. PROVIDENCE  | State<br>RI | <sup>Zip</sup> 02914 |
| 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 GORNA ANGUW  |  |                     | Date        |                      |
| Signature of Authorized Person   |  |                     |             |                      |
| Gloria Angulo  |  |                     |             |                      |

FILED

MAR **07** 2025 VKXAP

MAIL TO:

**Division of Business Services** 

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

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