

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

Annual Report for the year: **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.

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		Crty E. PROVIDENCE	State RI	^{Z_{IP}} 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	00 1 5	Date		
	6 ORVIA A.	<u>1900</u>	<u> </u>	
Signature of Authorized Person				

FILED

MAR 07 2025

MAIL TO:

Division of Business Services

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