

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
1727670	ACEVED GIMITED, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
533110 5. State of Formation	Cleanins					
RI						
6. Principal Office Address		City	State	Zip		
80 CURTIS ST APT 504		PRAVIDENCE	RI	02909		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name (VIS N. 4 Ceved)		Contact Title NUM W				
Special Address Vitis great # 504		City PWidence	State	zip02989		
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 2			
Luis R. AceulDO			5-14-25			
Signature of Authorized Person Luck K- Actual						

MAIL TO:

Division of Business Services

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

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