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

Annual Report for the year: 1

→ 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			
001798415	MENDEZ Y SON'S ENTERPRISOS 110			
3. NAICS Code 54/320	4. Brief description of the charac	ter of business conducted in Rhoo	de Island	
5. State of Formation				
RI	CLEANING CO	M	<u></u>	
6. Principal Office Address		City	State	Zip
8 ELDER ST		PAWTUCKET	RI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
MARIA MENDEZ		Mur		
Street Address		City	State	Zip A
4 ELDER 51		PHWIUCKET	R-L	08060
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	
MARIA MENSEZ			03-17.25	
Signature of Authorized Person				
Marifully				
8. The Resident Agent information 9. Under penalty of perjury, I destatements, and that all statements and the statements are statements.	leclare and affirm that I have exa	PAWINCET Department of State is accurate. Commined this report, including an	R_T hanges require f by accompanyin	OSO iling Form 642. g schedules a

**FILED** 

MAR 1 7 2025

BYGPAHP

MAIL TO:

Division of Business Services

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

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