

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

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Annual Report for the year: 20,25
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.

1. Entity ID Number	2. Exact name of the Limited Lia	hility Company		<u> </u>
1. Entity to Notifice				
000137705	MASTER Cleaners LLC.			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
812320	cleoners & Loundry			
5. State of Formation	(100),	Naumar y		
6. Principal Office Address		City	State	Zip
8 codar Swan 2 Road		Smith Fiel	RT	02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
ALESANDIO Choncos Street Address		401 996 4626		
Street Address		City	State	Zip
54 Alice St.		East prov.	RI	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			Date	
Alejandio Chancas			3.2	4. 25
Signature of Authorized Person				
Signature of Authorized Person  (Selandyo (Nome)				

**FILED** 

MAR 2 4 2025

MAIL TO:

**Division of Business Services** 

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

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