

## 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.

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C'D RI	CTA NAD
M11:5	STAMP
SD 0:23	TAM OMA.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
001738535	GLIDORI PROCIEDNING SERVICES LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
561720						
5. State of Formation	. ,					
21	CLEANING					
6. Principal Office Address		City	State	Zip		
2 KAREN DL		TUHNSTON	KI	02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
JOHANA RODEL						
Street Address 2 KALEN DR		TOHNSTON	State	21p 02919		
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			
JUHANA KODEU		04-08 - 2625				
Signature of Authorized Person actingus						

**FILED** 

MAIL TO:

**Division of Business Services** 

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

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