RI SOS Filing Number: 202571655850 Date: 4/28/2025 4:00:00 PM 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
123508	Me/ Paradise LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
561720	window cleaning Service			
5. State of Formation		. , ,		
6. Principal Office Address	Su St.	City Providence	State	Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name [Mm In Ue/ 1 av & of 15e Contact Title Number				
Street Address 11/15/102 CF		City Pro	State	Zip 8 3908
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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	\sim		Date	1 1
Emmandel Paradise Makpril27,				
Signature of Authorized Person				
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	/ /			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 632 - Revised: 2/2023