

State of Rhode Island Department of State - Business Services Division

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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 001739799		2. Exact name of the Limited Liability Company Fortaleza Multi Services LLC			
001133133	FUITaleZa IVIUIII SI				
3. NAICS Code 541213	INCOME TAX PREF	4. Brief description of the character of business conducted in Rhode Island INCOME TAX PREPARATION, DOCUMENT PRODUCTION, IMMIGRATION APPLICATIONS, TRANSLATIONS AND NOTARY PUBLIC.			
5. State of Formation Rhode Island	IMINIGRATION APP				
6. Principal Office Address	I	City	State	Zıp	
52 Superior Street 2nd Floor		Providence	RI	02907	
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person			
Contact Name Michelle Santos-Garcia		Contact Title Owner			
Street Address 52 Superior Street 2nd Floor		City Providence	State RI	^{Zip} 02907	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accura	ate. Changes require	e filing Form 642	
	y, I declare and affirm that I hav atements contained herein are	• •	ng any accompany	ing schedules and	
Name of Authorized Person			Date		
Michelle Santos-Garcia			4-30-2025		
Signature of Authorized Pen	1				

FILED

MAY 0 1 2025

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MAIL TO:

Division of Business Services

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

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