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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

2025

→ 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			
001748010	DELUNA SERVI	DELUNA SERVICES LLC			
3. NAICS Code 561720		Brief description of the character of business conducted in Rhode Island CLEANING, POLISHING			
5. State of Formation					
6. Principal Office Address	— · · · · · · · · · · · · · · · · · · ·	City	State	Zip	
573 MANTON AVE		PROVIDENCE		02909	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person	<sup>1</sup>		
Contact Name WILLIAM DE LUNA		Contact Title CEO			
Street Address 573 MANTON AVE		City PROVIDENCE	State RI	<sup>Zip</sup> 02909	
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	20/20	
WILLIAM DE LUNA			5/28/25		
Signature of Authorizen Ber	59)				

FILED

3:24

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 28 2025 59 XXW

FORM 632 - Revised 12/2023