

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025 **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 RIDGS 8SB RY 28 PK3:21:05	

1. Entity ID Number	2. Exact name of the Limit	2. Exact name of the Limited Liability Company			
001748010		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 573 MANTON AVE		City PROVIDENCE	State RI	Zip 02909	
7. Mailing Address of Limite	ed Liability Company and Name o	or Title of Contact Person		<u> </u>	
Contact Name WILLIAM DE LUNA		Contact Title CEO			
Street Address 573 MANTON AVE		City PROVIDENCE	State RI	^{Zip} 02909	
8. The Resident Agent infor	mation currently of record with th	ne RI Department of State is accurate	e. Changes requi		
9. Under penalty of perjui		ve examined this report, including			
Name of Authorized Person		Date			
WILLIAM DE LUNA			\ \S/	28/25	
Signature of Authorized Red	rson)			·	

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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 MAY 28 2025 59 XXW