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State of Rhode Island Department of State - Business Services Division

→ 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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	May Stores	

1. Entity ID Number	2. Exact name of the Limited Lia	bility Company		4/2			
00HZZ045		JV Ser	VICES	Ľ&C			
3. NAICS Code 722310	4. Brief description of the character of business conducted in Rhode Island						
5. State of Formation	FOOD Services, Chtering and cleaning Services						
6. Principal Office Address		City	State	Zip			
31 MANHATTAN ST.		Providence	RI	02904			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name		Contact Title					
-JULISSA	VASQUEZ						
Street Address 3 (MIN HATTAN. St.		Providence	State	02904			
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	selesia Masau	L/2	Date 06/0	73/25			
Signature of Authorized Person							

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

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