



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year:  
Limited Liability Company

2023

- 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<br>001701029                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>Onelis Solution LLC                                             |                |
| 3. NAICS Code<br>561720                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Commercial, residential Janitorial |                |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                   |                |
| 6. Principal Office Address<br>23 Hall St                                                                                                                                                               |  | City<br>Providence                                                                                                | State<br>RI    |
|                                                                                                                                                                                                         |  | Zip<br>02904                                                                                                      |                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                   |                |
| Contact Name<br>Onelis Pena Ortiz                                                                                                                                                                       |  | Contact Title<br>Owner                                                                                            |                |
| Street Address<br>23 Hall St                                                                                                                                                                            |  | City<br>Providence                                                                                                | State<br>RI    |
|                                                                                                                                                                                                         |  | Zip<br>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<br>Onelis Pena Ortiz                                                                                                                                                          |  |                                                                                                                   | Date<br>6-4-25 |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                   |                |

MAIL TO:

Division of Business Services  
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BY VPZJG