

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:

→ 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					
001658286	Jours & Banilda Germosen LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
561720						
5. State of Formation						
R.F	Cleaning Service					
6. Principal Office Address		City	State	Zip		
48 Farragul Ave		Providence	BI.	02905		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Contact Title						
Jours Ledesma	Genmosen	Owner				
Street Address		City	State	Zip		
48 farragut Ave		Providence	R.I.	70 620		
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			
Jonas Ledesma Gumosen			06-06-25			
Signature of Authorized Person						
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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 FILED

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FORM 632 - Revised: 12/2023