Fee: $50.00

State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. ID No. 001766300

2. Exact Name of the Limited Liability Company Tidy Touch LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

561720

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

RESIDENTIAL & COMMERCIAL CLEANING

5. Principal Office Address

No. and Street: 46 IRONWOOD DRIVE
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 46 IRONWOOD DRIVE
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

OLIVER ABREU 46 IRONWOOD DRIVE COVENTRY , RI 02816

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 7 Day of June, 2025 at 12:31:53 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By OLIVER ABREU
Signature of Authorized Person

Form No. 632
Revised 09/07

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