RI SOS Filing Number: 202574529400 Date: 6/12/2025 3:15:00 PM



State of Rhode Island

**Department of State - Business Services Division** 

Annual Report for the year: 2023
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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Entity ID Number	2. Exact name of the Limited Liability Company				
00000	analiyahs	Sarvices LU	<u> </u>		
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhoo	le Island		
56720					
5. State of Formation		1.1.		•	
RI	Maintenar	ica/Janitoric	<u> </u>		
6. Principal Office Address		City	State	Zip	
Led Chestnut	St	Central Falls	RI	02863	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Jessica Kes	trepo	()wher			
Street Address (10 ChlStnut	St	Central Falls	State R_T	02843	
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		
Jessica /	Lestrepo		6/12	2025	
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

FORM 632 - Revised 12/2023