RI SOS Filing Number: 202574529590 Date: 6/12/2025 3:14:00 PM



State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **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.

1. Entity ID Number	2. Exact name of the Limited Lial	bility Company	•	
(3()1709170	analiya	n's Services	s LLC	
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
561730 5. State of Formation				
PI PI	mainte	rance Janito City Central Falls	orlal	
6. Principal Office Address		City	State	Zip
Leo Chastnut St		Central fulls	PI	02863
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Jessica Kestrepo		owner		
Street Address LLO Chestnut St		Central Falls	State	^{zip} 02/8/43
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	- 1 - 0 +
Jessica Kestrepo			l cella	2/2025
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