

State of Rhode Island  
Department of State - Business Services DivisionREC'D RIDOS BSD  
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Annual Report for the year:  
Limited Liability Company2018

- 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><b>001335485</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>MARTA MAYORGA, LLC</b>                             |                    |
| 3. NAICS Code<br><b>561720</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>CLEANING SERVICES</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                         |                    |
| 6. Principal Office Address<br><b>223 UNION AVENUE</b>                                                                                                                                                  |  | City<br><b>PROVIDENCE,</b>                                                                              | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02909</b>                                                                                     |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                         |                    |
| Contact Name<br><b>MARTA A. GUILAR GARCIA</b>                                                                                                                                                           |  | Contact Title                                                                                           |                    |
| Street Address<br><b>233 UNION AVE</b>                                                                                                                                                                  |  | City<br><b>PROV</b>                                                                                     | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02909</b>                                                                                     |                    |
| 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><b>MARTA A. GUILAR GARCIA</b>                                                                                                                                              |  | Date                                                                                                    |                    |
| Signature of Authorized Person<br><i>Marta Aguilar G.</i>                                                                                                                                               |  |                                                                                                         |                    |

## MAIL TO:

Division of Business Services  
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Phone: (401) 222-3040  
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