RI SOS Filing Number: 202576640310 Date: 7/7/2025 1:43:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
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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|--|--|---------------|--------|-------|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
| 000994338 | MARIO TAVARES LLC | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 561720 | COMMERCIAL CLEANING | | | | |
| 5. State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | | City | State | Zıp | |
| 280 FERRIS AVE, APT 301 | | RUMFORD | RI | 02916 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| MARIO TAVARES | | MANAGER | | | |
| Street Address | | City | State | Zıp | |
| 280 FERRIS AVE, APT 301 | | RUMFORD | RI | 02916 | |
| 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 | | | | | |
| MARIO TAVARES \(\sqrt{07/07/2} | | | 07/25_ | | |
| Signature/dif Authorized Person WHOWARES | | | | | |

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MAIL TO:

Division of Business Services148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov CRO

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