



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 AUG 21 PM 4:08:46

Annual Report for the year: 2025  
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<br><u>001777707</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>CV Quality SERVICES LLC</u>                        |                         |
| 3. NAICS Code<br><u>561720</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Cleaning SERVICES</u> |                         |
| 5. State of Formation<br><u>Rhode Island</u>                                                                                                                                                            |  |                                                                                                         |                         |
| 6. Principal Office Address<br><u>136 Anthony Ave #3</u>                                                                                                                                                |  | City<br><u>Pawtucket</u>                                                                                | State<br><u>RI</u>      |
|                                                                                                                                                                                                         |  | Zip<br><u>02860</u>                                                                                     |                         |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                         |                         |
| Contact Name<br><u>Jacelina DE Pina</u>                                                                                                                                                                 |  | Contact Title<br><u>OWNER</u>                                                                           |                         |
| Street Address<br><u>136 Anthony Ave #3</u>                                                                                                                                                             |  | City<br><u>Pawtucket</u>                                                                                | State<br><u>RI</u>      |
|                                                                                                                                                                                                         |  | Zip<br><u>02860</u>                                                                                     |                         |
| 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><u>Suzy Monteiro</u>                                                                                                                                                       |  |                                                                                                         | Date<br><u>08/21/25</u> |
| Signature of Authorized Person<br><u>Stantao</u>                                                                                                                                                        |  |                                                                                                         |                         |

FILED

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BY VEZON

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MAIL TO:

Division of Business Services  
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