



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2023

- 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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FOR  
SECRETARY OF STATE  
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|                                                                                                                                                                                                         |  |                                                                                                               |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>001693331</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Alvarez Solutions LLC</b>                                |                    |
| 3. NAICS Code<br><b>561720</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><br><b>Janitorial Services</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                               |                    |
| 6. Principal Office Address<br><b>48 Edgewood ave</b>                                                                                                                                                   |  | City<br><b>Woonsocket</b>                                                                                     | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02895</b>                                                                                           |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                               |                    |
| Contact Name<br><b>Edwin Alvarez</b>                                                                                                                                                                    |  | Contact Title<br><b>Owner</b>                                                                                 |                    |
| Street Address<br><b>48 Edgewood ave</b>                                                                                                                                                                |  | City<br><b>Woonsocket</b>                                                                                     | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02895</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>Edwin Alvarez</b>                                                                                                                                                       |  | Date<br><b>05/16/2025</b>                                                                                     |                    |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                               |                    |

FILED

OCT 14 2025  
BY 11:30

MAIL TO:  
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