



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 794872		2. Exact name of the limited liability company Pekis Cleaning Services LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Cleaning Services			
5. Principal office address 10 Dutchess ave		City North Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Eulalia Bonilla		Contact Title Owner			
Street Address P.O BOX 41703		City Providence	State RI	Zip 02940	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Dennis Ramirez		Manager Name			
Street Address 10 Dutchess ave.		Street Address			
City North Providence	State RI	Zip 02904	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2014 SEP 25 PM 12:47

FILED
 SEP 25 2014
 By 233019
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

794872

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.

Eulalia Bonilla 9-25-14
 Signature of Authorized Person Date
Eulalia Bonilla 9-25-14
 Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By: _____
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