R	State of Rhode Island Office of the Secretary of State		
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
1636 (401) 222-3040			
Limited Partnership Annual Report Filing Period: February 1 - May 1			
In accordance with R.I.G.L. 7-13.1-212(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-13-212(c&d)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024			
1. ID No. <u>001749473</u>			
2. Exact Name of the Partnership <u>Cleaning Cousins LP</u>			
3. State of Formation			
State: <u>RI</u>			
NAICS CODE			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>561720</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
RESIDENTIAL CLEANING			
5. Principal Office Address			
No. and Street: 69 BURGESS AVE			
	AWTUCKET State: <u>R</u>	<u>I</u> Zip: <u>02861</u> Cour	try: <u>USA</u>
6. The name and business address of each general partner is: An amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (Foreign)			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zi	p Code, Country
NONE GIVEN - P	NICOLE DESCOTEAUX	194 HOLMES F WARWICK, RI 02888	
NONE GIVEN - P	BETHANY DESCOTEAUX	69 BURGESS A PAWTUCKET, RI 0286	VE

7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1-203.

Signed this 13 Day of February, 2024 at 10:15:39 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1

By BETHANY DESCOTEAUX

Signature of Authorized Person

Form No. 643 Revised 10/23

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