



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 2007**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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. <b>145484</b>		2. Exact name of the limited liability company <b>FLEETCLEAN SYSTEMS, LLC.</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>MANUFACTURE HARD SURFACE CLEANERS</b>	
5. Principal office address <b>42 MORSE AVE</b>		City <b>N. SMITHFIELD</b>	State <b>RI</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>NEIL T. STAFFORD</b>		Contact Title <b>OWNER</b>	Zip <b>02896</b>
Street Address <b>1 TUPPER WARE DR. STE 3</b>		City <b>N. SMITHFIELD</b>	State <b>RI</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		City	State
Manager Name <del>NEIL T. STAFFORD</del>		Manager Name	Zip
Street Address <del>42 MORSE AVE</del>		Street Address	Zip
City <del>N. SMITHFIELD</del>		City	State
State <del>RI</del>		State	Zip
Zip <del>02896</del>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City		City	State
State		State	Zip
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>NEIL T. STAFFORD</b>		Address	
Address <b>42 MORSE AVENUE</b>		City <b>NORTH SMITHFIELD</b>	Zip <b>02896-</b>

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	<b>FILED</b>
Check No.	<b>SEP 21 2007</b>
By:	<b>1024</b>
FOR SECRETARY OF STATE USE ONLY.	

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.

*(Signature)*  
Signature of Authorized Person \_\_\_\_\_ Date **9/3/07**  
**NEIL T STAFFORD**  
Print or Type Name of Authorized Person