



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>132037</u>		2. Name of Corporation <u>H G CLEANING CORP.</u>			
3. Street Address Principal Business Office <u>10 GARFIELD ST</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>
4. Business Phone No.		5. State of Incorporation <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>CLEANING CONTRACTOR</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>HECTOR GARCIA</u>			Vice President Name <u>MARTA GARCIA</u>		
Street Address <u>10 GARFIELD ST.</u>			Street Address <u>SAME</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name			Treasurer Name <u>HECTOR GARCIA</u>		
Street Address			Street Address <u>SAME</u>		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>COMMON</u>	<u>0</u>	<u>NONE</u>	<u>COMMON</u>	<u>0</u>
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	<u>JAN 25 2008</u>
Check No.	<u>DS 517</u>
By	<u>DS 517</u>
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.

Hector Garcia 1.22.08
Signature Date
HECTOR GARCIA
Print or Type Name
PRS
Title