

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

p 2008

Filing Period: January	1 - March 1 • .		PORT FOR THE	TEAR		
(FORM MUST BE TYPED II I. Corporate ID No. *100749*	2. Name of Corp	2. Name of Corporation Sanitech, Inc.				
3. Street Address Principal B		AND THE RESERVE OF THE PROPERTY OF THE PROPERT	City	State	Zip	
300 STATION ST.			CRANSTON	RI	02910	
4. Business Phone No.		5. State of Incorpor			6. SIC Code	
(401) 461-0731 RHODE ISLA 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN BUILDING MAINTENCE, JANITORIAL AND					7476	
TO ENGAGE IN BUILI	DING MAINTENCE	, JANITORIAL AND	CLEANING SERVICES			
R NAMES AND ADDR	PSSES OF THE OL	RICIDS MY BAY FOR	ATTACHUMAN TOUR	DA = PS DP PONTE HOIN A	THE VOTA BLANCE	
8: NAMES AND ADDRESSES OF THE OFFICERS "X" BOX FOR . President Name			Vice President Name			
John S. D'Antuono			John S. D'Antu	John S. D'Antuono		
Street Address			Street Address	and the second		
300 Station Stre	et		300 Station St	reet		
City	State	Zip	City	State	Zip	
Cranston	RI	02910	Cranston	RI	02910	
Šećretary Name	_		Treasurer Name		, , , , , , , , , , , , , , , , , , , ,	
John S. D'Antuon	.0	A.X. 4-14, A.Y. 4-14,	C. C. LOVE TO C. L. C. L	John S. D'Antuono		
Street Address			Street Address	0		
300 Station Street			,300 Station Street			
City Cranston	State RI	<i>Zip</i> 02910	*City	State	Zip	
			. Cranston	RI	02910	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FO			ATTACHMENTS THE IN SPACES BEFORE USING ATTACHMENTS Director Name			
None			None	***************************************		
Street Address			*	«Street Address		
On cer maress			* Dir Col Hutti Cas			
City	State	Zip	°City	State	Zip	
Dîrector Name			- Di	= A 11 65 0 18 18 18 18 19 0 0 0 0		
None			* Director Name * None	None		
Street Address			Street Address			
			"			
City	State	Zip	«City	State	Zip	
	Brand American	7-111111111111111111111111111111111111	÷			
10. SHARES AFTHORI	ZED (*X" BOX FO)	ATTACHMENT) 🗖	TIT SHARES ISSUEDY	X BOX FOR ATTACHMEN	(1)	
AUTHORIZED SHARES		CONTRACT CON	ISSUED SHARES	CON CONTRACTOR AND		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			100	Common	No Par Val.	
	The state of the s			PAIR I		
			### ### ### ### ### ### ### ### ### ##	1900		
This report must be sign	ned in ink hy eith	er the President Vice	President, Secretary, Ass.	istant Secretary Treas	ver Receiver or Trusta	
repair mast oo sig.	ica in time of con,	or the Problem, rice	. 1 resident, Beeretary, 2155.	siam beereiary, treasi	irer, Receiver or 11 usic	
	 				_	
* 1 D	0749	*		rjury, I declare and affirm		
7 TONIES	SECTION STATE OF THE SECTION S	INSPERIOR CONTRACTOR C	this report, including	g any accompanying sched	lules and statements,	
-*100749 DBC1/17/03	12:23:23 PM*	one control of	and that all stateme	nts contained herein are tru	e and correct.	
Eile Date				A Trunes	2/12/110	
		Ţ\$ 4	Signature of Officer	I TO (INMINI	Date Date	
Check No FER 20	2008		John S. D'A	Antuono		
A TREASE MAINTING (VIII)	10/1	######################################	Print or Type Name o			
By By I			President	, week		
FOR SECRETARY OF STAT	E USE ONLY	1. A 2. A 1.	Title of Officer		Form 630 12/0	

Title of Officer