



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. 4302		2. Name of Corporation CLEAN-MASTER PRODUCTS, INC.			
3. Street Address Principal Business Office 20 Privilege Street			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-769-6100		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Distribution and sale of automotive cleaning products					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Todd F. Moger			Vice President Name Bruce D. Moger		
Street Address 18 Stone Tower Lane			Street Address 41 High Street		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02809
Secretary Name Todd F. Moger			Treasurer Name Bruce D. Moger		
Street Address 18 Stone Tower Lane			Street Address 41 High Street		
City Barrington	State RI	Zip 02806	City Bristol	State RI	Zip 02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Todd F. Moger			Director Name Bruce D. Moger		
Street Address 18 Stone Tower Lane			Street Address 41 High Street		
City Barrington	State RI	Zip 02806	City Bristol	State RI	Zip 02809
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
100	No Par Value		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	common	no par

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: FEB 28 2008

Check No. By: 398

By: \_\_\_\_\_

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: Date: 2-28-08

Print or Type Name: Todd F. Moger

Title: President