



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. 104751		2. Name of Corporation Sco-Val Mobile Power Wash, Inc.		
3. Street Address Principal Business Office 85 Canning Street		City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-658-3120		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island mobile power wash cleaning of interior and exterior surfaces				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Helen R. Trudeau		Vice President Name Helen R. Trudeau		
Street Address 85 Canning Street		Street Address 85 Canning Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name Helen R. Trudeau		Treasurer Name Helen R. Trudeau		
Street Address 85 Canning Street		Street Address 85 Canning Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Helen R. Trudeau		Director Name		
Street Address 85 Canning Street		Street Address		
City Cumberland	State RI	Zip 02864	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1000	Common no par value		100	common
				no par value

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.

File Date **FILED**
Check No. **FEB 29 2008**
By: **DS 41624**
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.

Helen R. Trudeau 2/19/08
Signature Date
Helen R. Trudeau
Print or Type Name
President
Title