

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OF

1301(1000)	/-1.2-1501(e), each cor	Doration failing or refus	sing to file its annual report u	thin thirty (30) days af	TBLY IN BLACK INK ter the time prescribed by	
1. Corporate ID No.			Cleaning, Inc.			
9 /2 Easterb 4. Business Phone No.	rooks Avenu	ie	Bristol	State R1	02809	
	138.9940	5. State of Incorporation Rhod	e Island			
7. NAMES AND ADDRESSE President Name	Se ("X" BOX FOR ATT	Vice President Name	IMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name n/a_			
Jose C. Soares street Address 91/2 Easterbrooks Avenue			Street Address			
^{cuy} Bristol	State RI	02809	City	State	Zip	
Secretary Name n/a			Treasurer Name n/a.			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name JOSE C. Soares			Director Name \[\text{Place} \] \[\text{Place} \] \[\text{Place} \] \[\text{Place} \] \[\text{Place} \]			
Street Address 91/2 Easterbrooks Avenue			Street Address			
Bristal	State RI	02809	City	State	Zip	
Director Name Na			Director Name n/a.			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT) [10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares Class/Series Par Value 1,400 NO PAR VALUE			Number of Shares	Class/Series	Par Value	
1,400 NO PAR VALUE			0	0	0	
This report must be executed	on hehalf of the corr	poration by an authoria				
This report must be executed this report must be executed	on behalf of the corpo	pration by the receiver	or trustee.	poration is in the hands	of a receiver or trustee,	
			including any accomp	anying schedules and stat	hat I have examined this report, tements, and that all statements	
File Date FILED			contained herein are t	contained herein are true and correct.		
Check No. MAR 1 4 2008			Signature (Jose C. Soares		
By: By Secretary of sta	TE USE ONLY		Print or Type Name President			
			Title			