

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 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 penali	y fee of \$25.00.				
1. Corporate ID No. 000164497	2. Name of Corporat AFFORDABL	ion E CARPET CLEANI	NG INC.			
3. Street Address Principal Business Office 54 COLE STREET			PAWTUCKET	State RI	<sup>Zф</sup> 02860	
4. Business Phone No. 5. State of Incorporate 401-467-0080 RI.		n				
6. Brief Description of the Character CARPET CLE	of Business Conducted ANING	in Rhode Island FLOORE	CARE			
7. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR AT	_ —	PACES BEFORE USING	G ATTACHMENTS	
President Name			Vice President Name			
ANDRZEJ BAKOWSKI			ANDRZEJ BAKOWAKI			
Street Address 263 MENDON RD			Street Address 263 MENDON RD			
City ATTLEBORO	State: MA.	<sup>Ζφ</sup> <b>02703</b>	ATTLEBORO	State MA.	<sup>Zip</sup> 02 <b>7</b> 03	
Secretary Name ANDRZEJ BAKOWAKI			Treasurer Name ANDRZEJ BAKOWAKI			
Street Address 263 MENDON RD			Street Address 263 MENDON RD			
City ATTLEBORO	State MA.	<sup>Zip</sup> <b>02703</b>	City ATTLEBORO	State MA.	<sup>Zip</sup> 02703	
8. NAMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR A	<i>TTACHMENT)</i> [] FILL IN	SPACES BEFORE USI	NG ATTACHMENTS	
Director Name			Director Name			
ANDRZEJ BAKOWAKI			ANDRZEJ BAKOWAKI			
Street Address	.,		Street Address			
263 MENDON RD			: 263 MENDON RD			
City	State	Ζip	City	State	Ζψ	
ATTLEBORO	MA.	02703	: ATTLEBORO	MA.	02703	
Director Name ANDRZEJ BAKOWAKI			Director Name ANDRZEJ BAKOWAKI			
Street Address 263 MENDON RD			Street Address 263 MENDON RD			
City	State	Zip	City	State	Zip	
ATTLEBORO	MA.	02703	ATTLEBORO	MA.	02703	
9. SHARES AUTHORIZED (	"X" BOX FOR AT	TACHMENT) 🗍		("X" BOX FOR ATTAC		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100.00	CVP	\$ 0.01	100.00	CVP	\$0.01	
This report must be executed	on behalf of the o	ornoration by an author	ized representative If the co	ornoration is in the bar	ds of a receiver or trustee	
This report must be executed	on behan of the c	orporation by an author	_	aporation is in the flan	us of a receiver of musice,	

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	APR 1 6 2008
Ву: —В	HK3 4517
I	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repor
including any accompanying schedules and statements, and that all statement
contained herein are true and correct.
Indres Belweek 2-22-08
Signature J Date
ANDRZEJ BAKOWSKI
Print or Type Name
INCORPORATOR.
Title

Form 630 Rev. 12/06