



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 2009

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. 53525		2. Name of Corporation J. Turcotte & Son Janitorial, Inc.			
3. Street Address Principal Business Office 17 Keech Dam Road (P.O.Box 354)			City Chepachet	State RI	Zip 02814
4. Business Phone No. 401-568-8018		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Janitorial, Maintenance Business & Residential					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cheryl A. Turcotte			Vice President Name Cheryl A. Turcotte		
Street Address 17 Keech Dam Road, PO Box 354			Street Address 17 Keech Dam Road, PO Box 354		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Cheryl A. Turcotte			Treasurer Name Cheryl A. Turcotte		
Street Address SAA			Street Address SAA		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Cheryl A. Turcotte			Director Name Shaun M. Turcotte		
Street Address SAA			Street Address 40F Old Danielson Pike		
City	State	Zip	City Foster	State RI	Zip 02825
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 COMM NO PAR Value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1,000	Class/Series COMM	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.	JAN 29 2009
By:	By 12024
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 Cheryl A. Turcotte Date 01/28/09
Cheryl A. Turcotte
Print or Type Name
President
Title