

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

ovidence, 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(cc/d)) is subject to a penalty fee of \$25.00.

subject to a penalty jee by \$25.00.							
1. Corporate ID No. 121122	2. Name of Corporation FEDERAL CLEA	Name of Corporation EDERAL CLEANING CONTRACTORS, INC.					
3. Street Address Principal Business Office 1641 BARCLAY BLVD.			BUFFALO GROVE	State IL	^{Zip} 60089		
4. Business Phone No. 5. State of Incorporation B47-279-736 ILLINOIS							
6. Brief Description of the Character of Business Conducted in Rhode Island CONTRACTED CLEANING AND MAINTENANCE SERVICES							
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPACI	ES BEFORE USING ATT	ACHMENTS		
President Name STEPHEN KULP			Vice President Name ROBERT KULP				
Street Address 1641 BARCLAY BLVD.			Street Address 1641 BARCLAY BLVD.				
BUFFALO GROVE	State L	<i>zър</i> 60089	BUFFALO GROVE	State IL	<i>Zър</i> 60089		
Secretary Name STEPHEN KULP			Treasurer Name PETER KULP				
Street Address 1641 BARCLAY BLVD.			Street Address 1641 BARCLAY BLVD.				
City BUFFALO GROVE	State IL	^{Zip} 60089	City BUFFALO GROVE	State L	^{Zip} 60089		
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	<i>ACHMENT)</i> 📋 FILE IN SPA	CES BEFORE USING AT	TACHMENTS		
Director Name STEPHEN KULP			Director Name ROBERT KULP				
Street Address			Street Address				
1641 BARCLAY BLVD.			1641 BARCLAY BLVD.				
City	State	Zip	City	State	Zip		
BUFFALO GROVE	IL	60089	BUFFALO GROVE	IL	60089		
Director Name PETER KULP	,	f*************************************	Director Name				
Street Address 1641 BARCLAY BLVD.			Street Address				
City BUFFALO GROVE	State IL	^{Zip} 60089	City	State	Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.			Number of Shares	Class/Series	Par Value		
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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.

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Under penalty of perjury, I declare and a	ffirm that I have examined this report,
including any accompanying schedules a	and statements, and that all statements
contained herein are true and correct.	1 .
Steph & ley	2/26/09
Signature	Date
STEPHEN C. KULP	
Print or Type Name	
TRES	
Title	