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)(3)) is subject to a penalty fee of $25.00*

| 1. Corporate ID No. | 2. Name of Corporation | | |
|---|---|---|---|
| 117945 | XPRESS SWEEPING, INC. | | |
| 3. Street Address Principal Business Office | City | State | Zip |
| 14 CLOVER DRIVE | COVENTRY | RI | 02816 |
| 4. Business Phone No. | 5. State of Incorporation | | |
| 4013972571 | RHODE ISLAND | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT THE BUSINESS OF SWEEPING COMMERCIAL PARKING LOTS

**7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Barbara A. Dipietro | 14 Clover Drive | Coventry | RI | 02816 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Henry F. Dipietro | 14 Clover Drive | Coventry | RI | 02816 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Barbara A. Dipietro | 14 Clover Drive | Coventry | RI | 02816 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Henry F. Dipietro | 14 Clover Drive | Coventry | RI | 02816 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

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**9. SHARES AUTHORIZED**

**10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)***

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 | Class/Series | Par Value |
|---|---|---|
| 600 | Common | No Par |
| | | |

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.

[redacted]

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.

Barbara A Dipietro 16 Jan 09
*Signature* *Date*

Barbara A. Dipietro
*Print or Type Name*

President
*Title*

[redacted]

*File Date* 3-3-09
*Check No.* 5979
*By:* mnc
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