

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* 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(cGd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>64075</b>	2. Name of Corporation ABC CLEANING CO., INC.				
3. Street Address Principal Business Office 12 Maplewood Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 5. State of Incorporat Rhode Island			ion		
6. Brief Description of the Character The cleaning of offices, car 7. NAMES AND ADDRESSES President Name Michael McKenna	pets and upholstery.		TACHMENT)  FILL IN  Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Street Address 12 Maplewood Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Michael McKenna			Treasurer Name Michael McKenna		
Street Address 12 Maplewood Avenue			Street Address 12 Maplewood Avenue		
City Cranston	State RI	<sup>Zip</sup> 02920	City Cranston	State RI	73p 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name Michael McKenna Street Address			TTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    Director Name		
12 Maplewood Avenue				Leans	214
City Cranston Director Name	State RI	02920	City State Zip  Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 c	common no	par value	800	common	no par value
This report must be executed	on behalf of the corp	poration by an author	rized representative. If the	e corporation is in the hand	is of a receiver or trustee,
File Date 2-5			Under penalty of including any a contained here.  Signature	of perjury, I dectare and affirm ecompanying schedules and son are true and correct.	that I have examined this report, tatements, and that all statements $29/20$
By:FOR SECRETARY OF ST	MMC TATE USE ONLY		MICHAEL Print or Type No President Title		
L		_	inie		Form 620 Pay 12/05