

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

2011

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 145396 | 2. Name of Corp. EZ CLEAN | 2. Name of Corporation EZ CLEANING CORP | | | | |
| 3. Street Address Principal Business Office 100 Arthur St # 10 | | | Pawtucket | State RI | ^{Zip} 02860-3152 | |
| 4. Business Phone No. 5. State of Incorporation RHODE ISLAND | | | | | | |
| 6. Brief Description of the Chard Cleaning Services | icter of Business Conduc | ted in Rbode Island | · · · · · · · · · · · · · · · · · · · | | | |
| 7. NAMES AND ADDRES | SES OF THE OFFI | CERS: ("X" BOX FOR ATTA | <i>CHMENT)</i> FILL IN | SPACES BEFORE USING | G ATTACHMENTS | |
| President Name | | | Vice President Name | | | |
| Ney C Mazurkevicz | | | Rosane Mayer | | | |
| Street Address 100 Arthur St # 10 | | | Street Address 100 Arthur St # 10 | | | |
| ^{City} Pawtucket | State RI | ^{Zip} 02860-3152 | ^{City} Pawtucket | State RI | ^{Zip} 0 2860-3152 | |
| Secretary Name NONE | | | Treasurer Name none | | | |
| Street Address none | | | Street Address none | | | |
| City none | State none | Zip none | City none | State none | Ζίρ none | |
| | ł | CTORS: ("X" BOX FOR AT | : | N SPACES BEFORE USD | l l | |
| Director Name | | | Director Name | | | |
| none | | | none | | | |
| Street Address | | | Street Address | | | |
| non e | | | none | | | |
| Cüy | State | Zip | City | State | Zip | |
| none | none | none | none | none | none | |
| Director Name | | | Director Name | | | |
| none | | | none | | | |
| Street Address | | | Street Address | | | |
| none | | | none | 12 | Lan | |
| City none | State none | ^{Ζip} none | City none | State none | <i>Ζip</i> none | |
| | i | Thorie | : | O ("X" BOX FOR ATTAG | | |
| 9. SHARES AUTHORIZE | U | | | ECTION MUST BE COMPLETE | | |
| | | | Number of Shares | Class/Series | Par Value | |
| 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. | | | 1000 | stk | 0.00 | |
| | | | 1000 | JIK | 0.00 | |
| | | | none | none | none | |
| This report must be seen | uted on behalf of th | ne corporation by an authoriz | ed representative. If the | corneration is in the han | ds of a receiver or trustee | |
| | | e corporation by the receiver | | corporation is in the han | us of a fecciver of trustee, | |
| ans report must be excen | ica on ochan or an | c corporation by the receiver | or trustee. | | | |
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| | | | | | n that I have examined this rep statements, and that all stateme | |
| - Ell | | | | are true and correct. | spitements, and that an stateme | |
| 4 4 4 | _CD | | / | | 02 28- 201 | |
| File Date | | | Signature | <u> </u> | 02-28-201 Date | |
| Check No. MAR () | 2 2011 | | (/ | | Duic | |
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| By: | 55 | | Print or Type Nam | ne . | | |
| DI TOP STORES | E CTATE LIGHT AND | - | President | | | |
| FOR SECRETARY C | F STATE USE ONLY | _ | Tisla | | - | |

Title