



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 2012

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. 95123		2. Name of Corporation MaxiClean Co, Inc.			
3. Street Address Principal Business Office 8 Lynn Avenue		City Cranston		State RI	Zip 02905
4. Business Phone No. 401-822-4292		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Service of cleaning and construction for commercial and residential					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tomasz Brojek		Vice President Name Marek Strzalka			
Street Address 9 Riverside Avenue		Street Address 237 Woodland Avenue			
City Attleboro	State MA	Zip 02703	City Seekonk	State MA	Zip 02771
Secretary Name Marek Strzalka		Treasurer Name Tomasz Brojek			
Street Address 237 Woodland Avenue		Street Address 9 Riverside Avenue			
City Seekonk	State MA	Zip 02771	City Attleboro	State MA	Zip 02703
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Tomasz Brojek		Director Name Marek Strzalka			
Street Address 9 Riverside Avenue		Street Address 237 Woodland Avenue			
City Attleboro	State MA	Zip 02703	City Seekonk	State MA	Zip 02771
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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 2	Class/Series Common	Par Value no par

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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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED 1139

MAR 16 2012

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.

BY Marek Strzalka 2/14/2012
Signature Date
Marek Strzalka
Print or Type Name
Vice president
Title