



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 02904-261  
401.222.304

**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. <b>521722</b>	2. Name of Corporation <b>GO GREEN CLEANERS INC.</b>
--------------------------------------	---

3. Street Address Principal Business Office <b>1478 ATWOOD AVE SUITE 105</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
---	-------------------------	--------------------	---------------------

4. Business Phone No. <b>401-454-1708</b>	5. State of Incorporation <b>RI</b>
--	--

6. Brief Description of the Character of Business Conducted in Rhode Island  
**CLEANER SERVICES**

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

President Name <b>KAREN ROMAN</b>	Vice President Name				
Street Address <b>280 WASHINGTON AVE. APT. 806</b>	Street Address				
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name	Treasurer Name				
Street Address	Street Address				
City	State	Zip	City	State	Zip

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

Director Name	Director Name				
Street Address	Street Address				
City	State	Zip	City	State	Zip
Director Name	Director Name				
Street Address	Street Address				
City	State	Zip	City	State	Zip

**9. SHARES AUTHORIZED**

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.	<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares <b>100</b>	Class/Series <b>CNP</b>	Par Value <b>0.00</b>

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.

FILED

File Date **MAR 20 2012**

Check No. **1313**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature **Karen Roman** Date **03/08/12**

Print or Type Name **KAREW ROMAN**

Title **President**