



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

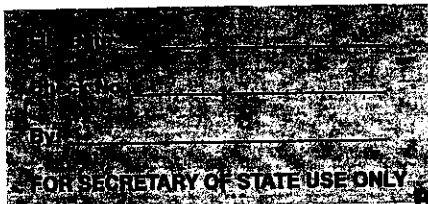
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000149497		2. Exact name of the Corporation SEYMOUR CLEANING, INC			
3. Principal office address 40 AUSTIN AVENUE		City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. 401-434-6666		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island CLEANING SERVICE					
7. President Name TIMOTHY SEYMOUR					
8. Vice-President Name TIMOTHY SEYMOUR					
Street Address 40 AUSTIN AVENUE		Street Address 40 AUSTIN AVENUE			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name TIMOTHY SEYMOUR		Treasurer Name TIMOTHY SEYMOUR			
Street Address 40 AUSTIN AVENUE		Street Address 40 AUSTIN AVENUE			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
9. DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)					
Director Name TIMOTHY SEYMOUR		Director Name			
Street Address 40 AUSTIN AVENUE		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED					
10. SHARES ISSUED (X BOX FOR ATTACHMENT)					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100.00		CWP		\$0.0100	
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.					

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

JUL 06 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.

05/02/2012

Signature of Authorized Representative

Date

TIMOTHY SEYMOUR

Print or Type Name of Authorized Representative