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 2006

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.	2. Exact name of the Corporation		
000149497	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			

SECRETARY OF STATE CORPORATE DIV. 2012 JUL -6 PM 8:56

ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

President Name: TIMOTHY SEYMOUR			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

ALL STAFF 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:

9. SHARES AUTHORIZED	10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐		
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100.00	CWP	$0.0100

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
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8:56

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

BY:
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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