



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 2013

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. 565		2. Exact name of the Corporation Aladdin Cleaning Services, Inc.			
3. Principal office address 16 Alden Street		City Johnston		State RI	Zip 02919
4. Business Phone No. 401-944-7878		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Carpet & Upholstery Cleaning					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas Macomber			Vice-President Name Donna Macomber		
Street Address 7 Wood Drive			Street Address 7 Wood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Donna Macomber			Treasurer Name Thomas Macomber		
Street Address 7 Wood Drive			Street Address 7 Wood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas Macomber			Director Name Donna Macomber		
Street Address 7 Wood Drive			Street Address 7 Wood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Common	no par value

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 _____

Check No _____

By: _____

FEB 14 2013

FOR SECRETARY OF STATE USE ONLY By *mnc*

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.

Donna Macomber, Vice President *2/12/13*
Signature of Authorized Representative Date

Donna Macomber, Vice President

Print or Type Name of Authorized Representative

CR # 11426