



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. 00060119		2. Exact name of the Corporation Clean-Up Corp			
3. Principal office address 29 Arthur Ave		City East Providence	State RI	Zip 02914	
4. Business Phone No. 401-438-1075		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Repairs + Maintenance					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tamara Chase			Vice-President Name ← Same		
Street Address 29 Arthur Ave			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Tamara Chase			Treasurer Name ← Same		
Street Address 29 Arthur Ave			Street Address		
City E. Prov.	State RI	Zip 02914	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Tamara Chase			Director Name		
Street Address 29 Arthur Ave			Street Address		
City E. Prov.	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) <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
			1,000.00	CWP	1.0000

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 ✓

JUL 08 2013
 BY CM 201037

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.

Tamara Chase 7-8-13
 Signature of Authorized Representative Date
 Tamara Chase
 Print or Type Name of Authorized Representative