RI SOS Filing Number: 201432987820 Date: 01/14/2014 4:00 PM

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 2014

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
64075	ABC CLEANING CO., INC

3. Principal office address	City	State	Zip
12 Maplewood Avenue	Cranston	RI	02920

4. Business Phone No.	5. State of Incorporation
~~272-4819~~ 486-1392	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
the cleaning of offices, carpet and upholstry

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Michael McKenna	
Street Address	**Street Address**
12 Maplewood Avenue	
City: Cranston / State: RI / Zip: 02920	City / State / Zip
Secretary Name	**Treasurer Name**
Michael McKenna	Michael McKenna
Street Address	**Street Address**
12 Maplewood Avenue	12 Maplewood Avenue
City: Cranston / State: RI / Zip: 02920	City: Cranston / State: RI / Zip: 02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Michael McKenna	
Street Address	**Street Address**
12 Maplewood AVenue	
City: Cranston / State: RI / Zip: 02920	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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
800	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
JAN 14 2014
BY 24444

File Date _____
Check No _____
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.

Michael McKenna 1/13/2014
Signature of Authorized Representative — Date

Michael McKenna, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

101540-27-904138