



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. 535344		2. Exact name of the Corporation DYNAMIC CLEANING, INC.			
3. Principal office address 6 HIGH STREET #6		City PLAINVILLE	State MA	Zip 02762	
4. Business Phone No. 508-809-6760		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island DISASTER RESTORATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name WILLIAM SWEENEY			Vice-President Name WILLIAM SWEENEY		
Street Address 6 HIGH STREET #6			Street Address 6 HIGH STREET #6		
City PLAINVILLE	State MA	Zip 02762	City PLAINVILLE	State MA	Zip 02762
Secretary Name WILLIAM SWEENEY			Treasurer Name WILLIAM SWEENEY		
Street Address 6 HIGH STREET #6			Street Address 6 HIGH STREET #6		
City PLAINVILLE	State MA	Zip 02762	City PLAINVILLE	State MA	Zip 02762
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name WILLIAM SWEENEY			Director Name		
Street Address 6 HIGH STREET #6			Street Address		
City PLAINVILLE	State MA	Zip 02762	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
			1,000	CNP	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.

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 28 2014

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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.

William Sweeney
Signature of Authorized Representative

1/17/14
Date

WILLIAM SWEENEY, PRESIDENT

Print or Type Name of Authorized Representative