

**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.

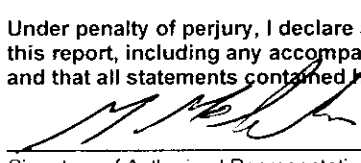
1. Entity ID No. <b>000544122</b>		2. Exact name of the Corporation <b>MIKE'S CLEANING COMPANY INC</b>			
3. Principal office address <b>11 STURBRIDGE WAY</b>			City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
4. Business Phone No. <b>401-345-2357</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island  <b>JANITORIAL SERVICES</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
President Name <b>MACIEJ MALINOWSKI</b>			Vice-President Name		
Street Address <b>11 STURBRIDGE WAY</b>			Street Address		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Secretary Name <b>MACIEJ MALINOWSKI</b>			Treasurer Name <b>MACIEJ MALINOWSKI</b>		
Street Address <b>11 STURBRIDGE WAY</b>			Street Address <b>11 STURBRIDGE WAY</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
Director Name <b>MACIEJ MALINOWSKI</b>			Director Name		
Street Address <b>11 STURBRIDGE WAY</b>			Street Address		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	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	COMMON	

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**  
**MAR 14 2014**  
 BY 2349

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.

  
 Signature of Authorized Representative Date 3/11/14

**MACIEJ MALINOWSKI**  
 Print or Type Name of Authorized Representative