



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 2015

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. 98539		2. Exact name of the Corporation Crystal Clear Cleaning Co., Inc.			
3. Principal office address 86 Blasam Road		City South Kingstown	State RI	Zip 02879	
4. Business Phone No. (401) 789-9626		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of a residential and commercial cleaning service.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lisa Sardelli		Vice-President Name Victor Sardelli			
Street Address P.O. Box 172		Street Address P.O. Box 172			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Lisa Sardelli		Treasurer Name Victor Sardelli			
Street Address P.O. Box 172		Street Address P.O. Box 172			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lisa Sardelli		Director Name Victor Sardelli			
Street Address P.O. Box 172		Street Address P.O. Box 172			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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.					

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 02 2015

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.

Lisa A. Sardelli 2-26-15
Signature of Authorized Representative Date
Lisa Sardelli
Print or Type Name of Authorized Representative