



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 2016

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. 795974		2. Exact name of the Corporation Custom Cleaning Janitorial Services, Inc.						
3. Principal office address 56 Oregon Avenue		City North Providence	State RI	Zip 02911				
4. Business Phone No. (401) 263-3082		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Window washing/janitorial services/maintenance of exterior and interior of any building								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Sal J. Solomon			Vice-President Name Sal J. Solomon					
Street Address 56 Oregon Avenue			Street Address 56 Oregon Avenue					
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911			
Secretary Name Sal J. Solomon			Treasurer Name Sal J. Solomon					
Street Address 56 Oregon Avenue			Street Address 56 Oregon Avenue					
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Sal J. Solomon			Director Name					
Street Address 56 Oregon Avenue			Street Address					
City North Providence	State RI	Zip 02911	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
						1000	Common	0.01

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

Form No. 630
Revised: 01/2012

FILED

FEB 02 2016

By: Sal J. Solomon

A.A.

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

Sal J. Solomon

Print or Type Name of Authorized Representative