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.	2. Exact name of the Corporation
1256258	**J.O. Cleaning, Inc.**

3. Principal office address	City	State	Zip
158 Bear Hill Road #102	**Cumberland**	**RI**	**02864**

4. Business Phone No.	5. State of Incorporation
401-368-1938	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Cleaning Service.

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

President Name	Street Address	City	State	Zip
Joao D. Oliveira	**158 Bear Hill Road #102**	**Cumberland**	**RI**	**02864**

Vice-President Name	Street Address	City	State	Zip
Rosa Frias	**158 Bear Hill Road #102**	**Cumberland**	**RI**	**02864**

Secretary Name	Street Address	City	State	Zip
Rosa Frias	**158 Bear Hill Road #102**	**Cumberland**	**RI**	**02864**

Treasurer Name	Street Address	City	State	Zip
Joao D. Oliveira	**158 Bear Hill Road #102**	**Cumberland**	**RI**	**02864**

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

Director Name	Street Address	City	State	Zip
Joao D. Oliveira	**158 Bear Hill Road #102**	**Cumberland**	**RI**	**02864**

Director Name	Street Address	City	State	Zip
Rosa Frias	**158 Bear Hill Road #102**	**Cumberland**	**RI**	**02864**

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1000	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.

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.

Joao D. Oliveira 02/01/16
Signature of Authorized Representative — Date

Joao D. Oliveira
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date
Check No 106707994805
By:
FILED
FEB 19 2016
BY 2268067

Form No. 630
Revised: 01/2012