



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. 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.						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						1000	Common	None

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: _____
Checked By: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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 Sardelli 2-20-16
Signature of Authorized Representative Date

Lisa Sardelli, President

Print or Type Name of Authorized Representative

FILED
FEB 22 2016
By **KL5817**