



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

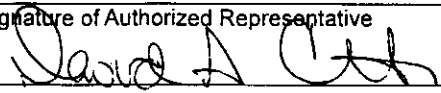
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SECRETARY OF STATE
CORPORATIONS DIV

2016 MAY 17 AM 9:23

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 000506709		2. Exact name of the Corporation DEPENDABLE & AFFORDABLE CLEANING, INC.					
3. Principal Office Address 1184 ATWOOD AVE.		City JOHNSTON	State RI	Zip 02919			
4. Business Phone Number 401-751-4300		5. State of Incorporation RHODE ISLAND					
6. Brief description of the character of business conducted in Rhode Island JANITORIAL SERVICES - COMMERCIAL & RESIDENTIAL							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name DAVID A. CIVETTI		Vice-President Name DAVID A. CIVETTI					
Street Address 3 ALVINA DR		Street Address 3 ALVINA DR					
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919		
Secretary Name DAVID A. CIVETTI		Treasurer Name DAVID A. CIVETTI					
Street Address 3 ALVINA DR		Street Address 3 ALVINA DR					
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name N/A		Director Name N/A					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. Shares Authorized					10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.					NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
					100	STOCK	.01 PER SHARE
11. 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.							
Name of Authorized Representative DAVID A. CIVETTI					Date MAY 17, 2016		
Signature of Authorized Representative  SIGN DOCUMENT HERE							

FILED

MAY 17 2016

By


A.A.