Amended

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

FILED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUL 27 AM 11:22

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	2. Exact name of the Corporation		
797605	American Cleaning Service, INC		
3. Principal Office Address	**City**	**State**	**Zip**
9 Carousel Drive	Riverside	RI	02915
4. Business Phone Number	**5. State of Incorporation**		
4015855933	RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island			
JANITORIAL SERVICES			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
Andre Scavassin	Giancarla Scavassin
Street Address: 9 Carousel Dr	Street Address: 9 Carousel Dr
City: Riverside State: RI Zip: 02915	City: Riverside State: RI Zip: 02915
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized

This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
74,000		0

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: Giancarla Scavassin
Date: 7/27/16

Signature of Authorized Representative
SIGN DOCUMENT HERE Scavassin

FILED
JUL 27 2016
By A-A 11:22AM.

Form No. 630
Revised: 2016