



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIV.

1. Entity ID Number 104751		2. Exact name of the Corporation SCO-VAL MOBILE POWER WASH, INC.			
3. Principal Office Address 261 WEST WRENTHAM ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island MOBILE POWER WASH CLEANING OF INTERIOR AND EXTERIOR SURFACES			
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HELEN R. TRUDEAU			Vice-President Name HELEN R. TRUDEAU		
Street Address 23 EAST STREET			Street Address 23 EAST STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name HELEN R. TRUDEAU			Treasurer Name HELEN R. TRUDEAU		
Street Address 23 EAST STREET			Street Address 23 EAST STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the 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	COMMON	NO PAR
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. <i>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.</i>					
Name of Authorized Representative <i>Helen R Trudeau, Pres</i>					Date <i>1/9/17</i>
Signature of Authorized Representative <i>Helen R Trudeau</i> FILED					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 20 2017
 By *[Signature]* 293632
 FORM 630 - Revised: 10/2016