



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.

1. Entity ID Number <b>58159</b>		2. Exact name of the Corporation <b>Tony's Cleaning Service, Inc.</b>			
3. Principal Office Address <b>27 Tanglewood Drive</b>		City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>		6. Brief description of the character of business conducted in Rhode Island <b>CLEANING BUSINESS</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Antonio Candeias</b>			Vice-President Name <b>Vacant</b>		
Street Address <b>27 Tanglewood Drive</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>Debra Candeias</b>			Treasurer Name <b>Debra Candeias</b>		
Street Address <b>27 Tanglewood Drive</b>			Street Address <b>27 Tanglewood Drive</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Antonio Candeias</b>			Director Name		
Street Address <b>27 Tanglewood Drive</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>10</b>	<b>COMMON</b>	<b>NO PAR</b>
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. <b>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.</b>					
Name of Authorized Representative <b>ANTONIO CANDEIAS</b>			<b>FILED</b>		Date <b>1/30/2017</b>
Signature of Authorized Representative <i>Antonio Candeias</i>			<b>FEB 13 2017</b>		

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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*[Signature]*