



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 288586		2. Exact name of the Corporation SRI Cleaning, Inc.												
3. Principal Office Address 5 Beech Hill Road			City Wakefield	State RI	Zip 02879									
4. NAICS Code 81 - Other Services (except <input type="checkbox"/>)		6. Brief description of the character of business conducted in Rhode Island Own, operate and manage a residential cleaning service.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Stephanie D. Sevey			Vice-President Name Erica L. Turner											
Street Address 5 Beech Hill Road			Street Address 33 Clarkes Village Road											
City Wakefield	State RI	Zip 02879	City Jamestown	State RI	Zip 02835									
Secretary Name Stephanie D. Sevey			Treasurer Name Stephanie D. Sevey											
Street Address 5 Beech Hill Road			Street Address 5 Beech Hill Road											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Stephanie D. Sevey			Director Name None.											
Street Address 5 Beech Hill Road			Street Address											
City Wakefield	State RI	Zip 02879	City	State	Zip									
Director Name None.			Director Name None.											
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 the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100,000.00</td> <td>STK</td> <td>\$0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100,000.00	STK	\$0.0100			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100,000.00	STK	\$0.0100												
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 Stephanie D. Sevey				Date 2/17/17										
Signature of Authorized Representative <i>Stephanie D. Sevey</i>														

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

BY

FILED

FEB 21 2017

8813 DS