RI SOS Filing Number: 201734935880 State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Date: 2/27/2017 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number  2. Exact name of the Corporation			enc.	2011 FEB 2 / PM 12: 48			
3. Principal Office Address	J		City		State	Zip	
73 LAU de	er AV		PAUT	uchet	IRE	02-860	
4. NAICS Code	6. Brief des	cription of the charac	ter of business con	ducted in Rhode I	sland	•	
5. State of Incorporation  R  T	Cle	ening s	erviee				
7. List ALL officers (names and President Name	d addresses)		Vice-President N		the box to indic	cate an attachment 🔲	
12 p. n. 11	In ALE	DUITA	Vice-Flesident N	ame			
Street Address SAME			Street Address				
City	State	Zip	City		State	Zip	
ecretary Name			Treasurer Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
8. List ALL directors (names ar	nd addresses)			Check	the box to indic	ate an attachment	
Director Name	- 1-		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	<del></del> -	10. Shares Issu	ued	Check	the box to indic	ate an attachment	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF		CLASS/SERIES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
		100				0.00	
						,	
11. This report must be execute	ed on behalf of th	e corporation by an a	uthorized represen	tative. If the corpo	ration is in the I	nands of a receiver or	
<u>trustee, this report must be exe</u>	cuted on behalf o	of the corporation by t	he receiver or trust	ee.			
Under penalty of perjury, I de statements, and that all state	clare and affirm	that I have examine	ed this report, incl	uding any accom	panying sche	dules and	
Name of Authorized Represent	ative	/	a correct.		Date		
Benicolhera.	ata B	Mesqua	EHE	<b>ח</b>	2-2	7-17	
Signature of Authorized Repres	sentative	SIGN DOC		שׁ		·	
MAIL TO:			FEB 27	<del>2017</del>			

**Division of Business Services** 

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FORM 630 - Revised: 02/2017