



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>000488269</b>		2. Exact name of the Corporation <b>OMNI PRO, INC.</b>	
3. Principal Office Address <b>165 LAVAN STREET</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. NAICS Code <b>81 - Other Services (except Pul</b>	6. Brief description of the character of business conducted in Rhode Island <b>BUSINESS ENGAGED IN CLEANING</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>ANGELA MCCABE</b>		Vice-President Name <b>ANGELA MCCABE</b>	
Street Address <b>165 LAVAN STREET</b>		Street Address <b>165 LAVAN STREET</b>	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
Secretary Name <b>ANGELA MCCABE</b>		Treasurer Name <b>ANGELA MCCABE</b>	
Street Address <b>165 LAVAN STREET</b>		Street Address <b>165 LAVAN STREET</b>	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</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		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>COMMON</b>
		PAR VALUE <b>.01</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>ANGELA MCCABE</b>		Date <b>2/3/17</b>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE 	

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016