



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 542951		2. Exact name of the Corporation B-EZ CLEANING, INC			
3. Principal Office Address 15 Randeau Passage		City Westerly		State RI	Zip 02891
4. NAICS Code 54 - Professional, Scientific, and Technical Services		6. Brief description of the character of business conducted in Rhode Island Residential Cleaning Services			
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 James E.C. Crowley			Vice-President Name James E.C. Crowley		
Street Address 15 Randeau Passage			Street Address 15 Randeau Passage		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name James E.C. Crowley			Treasurer Name James E.C. Crowley		
Street Address 15 Randeau Passage			Street Address 15 Randeau Passage		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James E.C. Crowley			Director Name		
Street Address 15 Randeau Passage			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
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"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE None
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 James E.C. Crowley				Date 3/20/17	
Signature of Authorized Representative 					

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**MAR 23 2017****2057**

FORM 630 - Revised: 10/2016