



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 <u>125107</u>		2. Exact name of the Corporation <u>Milesheas Cleaning Services Inc</u>	
3. Principal Office Address <u>65 Patterson Ave #3</u>		City <u>Pawtucket</u>	State <u>RI</u>
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island <u>Janitorial Services</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Antonio Silva</u>		Vice-President Name <u>Sidney Silva</u>	
Street Address <u>208 Japonica St</u>		Street Address <u>208 Japonica St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>Arnilton Silva</u>		Treasurer Name	
Street Address <u>50 Agnes St</u>		Street Address	
City <u>East Providence</u>	State <u>RI</u>	City	State
Zip <u>02914</u>		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ☐	
		NUMBER OF SHARES <u>1060</u>	CLASS/SERIES PAR VALUE
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 <u>Antonio Silva</u>		Date <u>3/20/2017</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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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