



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.

 2017 JUN - 7 PM 1:31  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.

1. Entity ID Number <b>000900539</b>		2. Exact name of the Corporation <b>Five Stars Sanitorial Services Inc</b>			
3. Principal Office Address <b>21 White Ct</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>5</b>		6. Brief description of the character of business conducted in Rhode Island <b>Residential Commercial/Cleaning Services</b>			
5. State of Incorporation <b>RI</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>Andreia Ribeiro</b>			Vice-President Name <b>Andreia Ribeiro</b>		
Street Address <b>21 White Ct</b>			Street Address <b>21 White Court</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Andreia Ribeiro</b>			Treasurer Name <b>Andreia Ribeiro</b>		
Street Address <b>21 White Ct</b>			Street Address <b>21 White Ct</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</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	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>50.00</b>	CLASS/SERIES <b>CWP</b>	PAR VALUE <b>\$1,000</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. 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 <b>Andreia Ribeiro</b>				Date <b>6-7-17</b>	
Signature of Authorized Representative <b>Andreia Ribeiro</b>				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

 FILED  
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 BY **305428**  
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