



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.

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

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

SIGN DOCUMENT HERE

FILED

JUN 07 2017

BY **305428**

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