



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

2017 JUN 28 AM 10:30

1. Entity ID Number <u>137979</u>		2. Exact name of the Corporation <u>NICE &amp; NEAT CLEANING SERVICES INC.</u>			
3. Principal Office Address <u>26 VERNON ST</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	
4. NAICS Code <u>81</u>	6. Brief description of the character of business conducted in Rhode Island <u>CLEANING SERVICES TO OFFICES &amp; BUSINESSES</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>SYLVIA BERNAL</u>			Vice-President Name		
Street Address <u>26 VERNON ST</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>SYLVIA BERNAL</u>			Director Name		
Street Address <u>26 VERNON ST</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <u>100</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>SYLVIA BERNAL</u>					Date <u>6/28/17</u>
Signature of Authorized Representative <u>Sylvia Bernal</u>					

SIGN DOCUMENT HERE

FILED

JUN 28 2017

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2611

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

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