



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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BUS SVCS DIV
2017 AUG 22 AM 11:26

1. Entity ID Number <u>521722</u>		2. Exact name of the Corporation <u>Go Green Cleaners Inc</u>			
3. Principal Office Address <u>1478 Atwood Ave Ste 105</u>			City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>Dry cleaning services</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Karen Roman</u>			Vice-President Name		
Street Address <u>22 Buenside St Apt #1</u>			Street Address		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</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			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
			<u>100</u>	<u>CNP</u>	<u>0.00</u>
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>KAREN ROMAN</u>					Date <u>08/16/17</u>
Signature of Authorized Representative <u>Karen Roman</u>					

FILED

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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BY CM 310759

FORM 630 - Revised: 02/2017