



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 000013243		2. Exact name of the Corporation SPECIALTY CLEANSING CO., INC.			
3. Principal Office Address 1241 Smith Street		City Providence		State RI	Zip 02908
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island Retail Cleanser & Laundering			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN FARGNOLI			Vice-President Name JOHN FARGNOLI		
Street Address 1241 Smith Street			Street Address 1241 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name JOHN FARGNOLI			Treasurer Name JOHN FARGNOLI		
Street Address 1241 Smith Street			Street Address 1241 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		600	COMMON	NO PAR \$10	
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 JOHN FARGNOLI				Date 12/30/17	
Signature of Authorized Representative 				Date	

FILED
SIGN DOCUMENT HEREMAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govJAN 09 2018
BY 8702

FORM 630 - Revised: 10/2017