RI SOS Filing Number: 201857078730 Date: 1/29/2018 4:00:00 PM

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	2. Exact name of the Corporation
000126882	STERNLIEB CLEANING, INC.

3. Principal Office Address	City	State	Zip
82 Hawthorne Avenue P.O. Box 3782	Cranston	RI	02910

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561720	HOME AND OFFICE CLEANING BUSINESS
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MICHAEL STERNLIEB			Vice-President Name: MICHAEL STERNLIEB		
Street Address: P.O. Box 3782			Street Address: P.O. Box 3782		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910
Secretary Name: MICHAEL STERNLIEB			Treasurer Name: MICHAEL STERNLIEB		
Street Address: P.O. Box 3782			Street Address: P.O. Box 3782		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000 Shares	Common	No 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	Date
MICHAEL STERNLIEB	1/22/18

Signature of Authorized Representative: Michael Sternlieb — SIGN DOCUMENT HERE

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

JAN 29 2018
BY: 2337 05

FORM 630 - Revised: 10/2017