



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.

FILED

FEB 21 2018

BY

SS99
2018

1. Entity ID Number 126126		2. Exact name of the Corporation Tavares Cleaning Service, Inc.			
3. Principal Office Address 1093 Elmwood Avenue			City Providence	State RI	Zip 02907
4. NAICS Code SU1720		6. Brief description of the character of business conducted in Rhode Island General cleaning and maintenance services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Carlos M. Tavares			Vice-President Name Lucia F. Tavares		
Street Address 25 Cohasset Lane			Street Address 25 Cohasset Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Lucia F. Tavares			Treasurer Name Carlos M. Tavares		
Street Address 25 Cohasset Lane			Street Address 25 Cohasset Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	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 Carlos M. Tavares, President					Date 2/12/18
Signature of Authorized Representative <i>Carlos M. Tavares</i>					SIGN DOCUMENT HERE