RI SOS Filing Number: 201858929220 Date: 2/23/2018 4:08:00 PM

State of Rhode Island and I Department of Stat			ivision			i
Annual Report for the year: Corporation			RECEIVED SECRETARY OF STATE CORPORATIONS DIV			
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			2018 FEB 23 PH 4: 06			
Entity ID Number	2. Exact name of			7		
	SHino	Clean		envices i	INC	
OU133 95 41 3. Principal Office Address	BAING	Coccin	109//		Ctata	Zip
35 CHURCH S	it		GAST	Providence	, 21	02914
	6. Brief description	on of the charact	er of business	conducted in Rhode Is	aland	
561720 5. State of Incorporation	C	Cleani	ng 2	service		
7 Lint ALL officers (names and add)	**************************************		_	Check	the box to indic	ate an attachment
President Name			Vice-President Name			
Street Address 2 character de Jesus			Street Address			
35 CHURCH 8			Succi Addres			
City	State	Zip	City	<u> </u>	State	Zip
Secretary Name	121	02914	Treasurer Na	me	_!	
Street Address			Street Address			
City	State	Zip	City		State	Zip
8. List ALL directors (names and ad	ldresses)	1		Check	the box to indi	cate an attachment
Director Name		· -	Director Nam	ne		
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	.1	10. Shares Iss	sued	Check	the box to indi	cate an attachment
This information is currently of reco	rd in the	NUMBER O	F SHARES	CLASS/SERIE	is	PAR VALUE
1		L	U			<i></i>
Changes require an additional filling.	•					
11. This report must be executed of	on behalf of the co	orporation by an	authorized repr	esentative. If the corp	oration is in the	hands of a receiver or
trustee, this report must be execut	ed on behalf of th	e corporation by	the receiver or	trustee.		<u>.</u> .
Under penalty of perjury, I decla statements, and that all stateme				, including any acco	mpanying scn	equies and
Name of Authorized Representativ					Date	
				FII FD	11-1	6-2017
Signature of Authorized Represent	tative	l m DisO		FEB 2 3 201	_	
MAIL TO: Division of Business Services			014	MB 3	25108	5
148 W. River Street, Providence, Rhod Phone: (401) 222-3040	e Island 02904-261	5 ,	BY	- W. J		This sign is the contract of the sign of
Website: www.sos.ri.gov			UN 1		. (3)	RM 630 - Revised: 98/201