State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 23 PM 4:06

Annual Report for the year: 2016
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		
001338571	SHINE Cleaning Services INC		
3. Principal Office Address	**City**	**State**	**Zip**
35 CHURCH ST	EAST Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561720	Cleaning Service
5. State of Incorporation	
RI	

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

President Name			Vice-President Name		
Zenaide de Jesus					
Street Address			**Street Address**		
35 CHURCH ST					
City	**State**	**Zip**	**City**	**State**	**Zip**
EAST Providence	RI	02914			
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 ☐

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
0		0

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
	11-6-2017
Signature of Authorized Representative	
X [signature]	

FILED
FEB 23 2018
407
BY [signature] 325108

MAIL TO:
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