



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 <b>000098539</b>		2. Exact name of the Corporation <b>Crystal Clear Cleaning Co., Inc.</b>			
3. Principal Office Address <b>86 Balsam Road</b>		City <b>South Kingstown</b>		State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>54 - Professional</b>		6. Brief description of the character of business conducted in Rhode Island <b>Operation of a residential and commercial cleaning service.</b>			
5. State of Incorporation <b>Rhode Island</b>		<b>SH1990</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Lisa Sardelli</b>			Vice-President Name <b>Victor Sardelli</b>		
Street Address <b>P.O. Box 172</b>			Street Address <b>P.O. Box 172</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Secretary Name <b>Lisa Sardelli</b>			Treasurer Name <b>Victor Sardelli</b>		
Street Address <b>P.O. Box 172</b>			Street Address <b>P.O. Box 172</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Lisa Sardelli</b>			Director Name <b>Victor Sardelli</b>		
Street Address <b>P.O. Box 172</b>			Street Address <b>P.O. Box 172</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		Common
					None
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. <b>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.</b>					
Name of Authorized Representative <b>Lisa Sardelli, President</b>				Date <b>2-24-18</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b>	