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

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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			
797463	Dream Team Adventures in Cleaning, Inc.			
3. Principal Office Address		City	State	Zip
357 Putnam Pike, Unit 9		Smithfield	RI	02917
4. NAICS Code: 561720	6. Brief description of the character of business conducted in Rhode Island: Cleaning Services			
5. State of Incorporation: Rhode Island				

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

President Name: Jenny Ackley			Vice-President Name: Roger Ackley		
Street Address: 143 Union Avenue			Street Address: 143 Union Avenue		
City: Harrisville	State: RI	Zip: 02830	City: Harrisville	State: RI	Zip: 02830
Secretary Name: Jenny Ackley			Treasurer Name: Roger Ackley		
Street Address: 143 Union Avenue			Street Address: 143 Union Avenue		
City: Harrisville	State: RI	Zip: 02830	City: Harrisville	State: RI	Zip: 02830

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	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
Jenny Ackley, President	1/30/18

Signature of Authorized Representative: Jenny Ackley

SIGN DOCUMENT HERE

FILED
MAR 01 2018
BY 1360

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017