



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.

1. Entity ID Number <b>000488269</b>		2. Exact name of the Corporation <b>OMNI PRO INC</b>			
3. Principal Office Address <b>165 LAVAN STREET</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>81</b>	6. Brief description of the character of business conducted in Rhode Island <b>BUSINESS ENGAGED IN CLEANING</b>				
5. State of Incorporation <b>Rhode Island</b>	<b>561720</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>ANGELA MCCABE</b>			Vice-President Name <b>ANGELA MCCABE</b>		
Street Address <b>165 LAVAN ST</b>			Street Address <b>165 LAVAN ST</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>ANGELA MCCABE</b>			Treasurer Name <b>ANGELA MCCABE</b>		
Street Address <b>165 LAVAN ST</b>			Street Address <b>165 LAVAN ST</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</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			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>1000</b>		<b>COMMON</b>		<b>.01</b>	
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 <b>ANGELA MCCABE</b>			Date <b>1/22/18</b>		
Signature of Authorized Representative <i>Angela McCabe</i>			SIGN DOCUMENT HERE <b>MAR 07 2018</b> <b>5409 DS</b>		

MAIL TO:  
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