



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

→ 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 <u>125107</u>		2. Exact name of the Corporation <u>Mileshas Cleaning Services Inc.</u>	
3. Principal Office Address <u>208 Japonica St</u>		City <u>Pawtucket</u>	State <u>RI</u>
4. NAICS Code <u>561720</u>		6. Brief description of the character of business conducted in Rhode Island <u>Janitorial Services (Commercial + Retail) in RI, MA + CT</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Antonio Silva</u>		Vice-President Name <u>Sidney Silva</u>	
Street Address <u>208 Japonica St</u>		Street Address <u>208 Japonica St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>Milton Silva</u>		Treasurer Name	
Street Address <u>50 Agnes St</u>		Street Address	
City <u>East Providence</u>	State <u>RI</u>	City	State
Zip <u>02914</u>		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>1 000</u>	
		<u>0</u>	
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 <u>Antonio Silva</u>		Date <u>3/20/2018</u>	
Signature of Authorized Representative <u>[Signature]</u>			

SIGN DOCUMENT **FILED**

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

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BY

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FORM 630 - Revised: 10/2017