



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110217		2. Name of Corporation LYNCH'S CLEANING SERVICE, INC.			
3. Street Address Principal Business Office P.O. Box 8239			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-464-8937		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM CLEANING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Shawn G. Lynch			Vice President Name Shawn G. Lynch		
Street Address P.O. Box 8239			Street Address P.O. Box 8239		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Shawn G. Lynch			Treasurer Name Shawn G. Lynch		
Street Address P.O. Box 8239			Street Address P.O. Box 8239		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	common	no par value	-100-	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



110217

File Date	<u>1-18-05</u>
Check No.	<u>561</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature], Pres, 1/13/05
Signature of Officer Date
Shawn G. Lynch
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
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401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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Street Address P.O. Box 8239			Street Address P.O. Box 8239		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Shawn G. Lynch			Treasurer Name Shawn G. Lynch		
Street Address P.O. Box 8239			Street Address P.O. Box 8239		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	common	no par value	-100-	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 2 1 7 *

File Date 2-10-04
Check No. 14249
By: RL

FOR SECRETARY OF STATE USE ONLY

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.

Shawn G. Lynch, Pres. 2/5/04
Signature of Officer Date

Shawn G. Lynch
Print or Type Name of Officer
President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

110217

LYNCH'S CLEANING SERVICE, INC.

3. Street Address Principal Business Office

9 Taylor Road

City

Johnston

State

RI

Zip

02920

4. Business Phone No.

401-464-8937

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

To perform cleaning services and all other lawful purposes.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Shawn G. Lynch

Vice President Name

Shawn G. Lynch

Street Address

9 Taylor Road

Street Address

9 Taylor Road

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

Secretary Name

Shawn G. Lynch

Treasurer Name

Shawn G. Lynch

Street Address

9 Taylor Road

Street Address

9 Taylor Road

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

N/A

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

common

no par value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

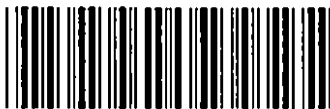
Par Value

-100-

common

no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 2 1 7 *

File Date: 2.11.03

Check No.: 13340

By: lp

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Shawn G. Lynch Date 1/31/03

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110217 2. Name of Corporation LYNCH'S CLEANING SERVICE, INC.
3. Street Address Principal Business Office 9 Taylor Road City Johnston State RI Zip 02919
4. Business Phone No. 401-464-8937 5. State of Incorporation RHODE ISLAND 6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island
To perform cleaning services and all other lawful purposes.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Shawn G. Lynch Street Address 9 Taylor Road City Johnston State RI Zip 02919 Secretary Name Shawn G. Lynch Street Address 9 Taylor Road City Johnston State RI Zip 02919	Vice President Name Shawn G. Lynch Street Address 9 Taylor Road City Johnston State RI Zip 02919 Treasurer Name Shawn G. Lynch Street Address 9 Taylor Road City Johnston State RI Zip 02919
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name N/A Street Address City State Zip	Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
-100-	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 2 1 7 *

File Date: 02-1-02
Check No.: 12461
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 1/11/02
SHAWN G. LYNCH
Print or Type Name of Officer
President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110217** 2. Name of Corporation **LYNCH'S CLEANING SERVICE, INC.**
3. Street Address Principal Business Office **9 Taylor Road** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **401-464-8937** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**
7. Brief Description of the Character of Business Conducted in Rhode Island

To perform cleaning services and all other lawful purposes.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Shawn G. Lynch	Vice President Name Shawn G. Lynch
Street Address 9 Taylor Road	Street Address 9 Taylor Road
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Shawn G. Lynch	Treasurer Name Shawn G. Lynch
Street Address 9 Taylor Road	Street Address 9 Taylor Road
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name N/A	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
-100- common no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 2 1 7 *

FILED

File Date: _____

Check No.: **JAN 22 2001**

By: **PA 11653**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Shawn G. Lynch** Date **1/3/01**

SHAWN G. LYNCH

Print or Type Name of Officer

P RESIDENT

Title of Officer