

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

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

Form 630 Rev. 12/03

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 BIACK) L. Corporate ID No. 2. Name of Corporation 110217 LYNCH'S CLEANING SERVICE, INC. Ζ.ιр State 3 Street Address Principal Business Office P.O. Box 8239 02920 RI Cranston 6. SIC Code i, Business Phone No. 5. State of Incorporation 401-464-8937 8888 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM CLEANING SERVICES. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Shawn G. Lynch Shawn G. Lynch Street of Admics Sireel Address P.O. Box 8239 P.O. Box 8239 State 02920 Cranston Cranston Treasurer Name Secretary Name Shawn G. Lynch Shawn G. Lynch Sinet Address Street Address P.C. Box 8239 P.O. Box 8239 City State Zip 02920 02920 Cranston RICranston RI ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) N/A Street Address Street Address Ziρ City State Zip City State Director Name Director Name Street Address Street Address Zip State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Par Value Number of Shares Class/Series Class/Series no par value -100common no par value 1.000 NO PAR VALUE common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. 1-18-05 File Date Signature W Officer Shawn G. Lynch Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



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

Corporations Division 100 North Main Street Providence, RI 02903-1,335 401,222,3040

Matthew A. Brown, Secretary of State

Corporate ID No.	2. Name of Corporate				·		
110217	1 '						
110217 LYNCH'S CLEANING SERVICE, INC. 8. Street Address Principal Husiness Office P.O. Box 8239			City Cranston	State RI	2ip 0292.0		
1. Business Phone No. 5. State of Incorporation			J	6. SIC Code			
401-464-8937		RHODE ISLAND)		8888		
7. Brief Description of the Character TO PERFORM CLEANII							
B. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT) FILL IN Vice President Name Shawn G. Lynch	SPACES BEFORE USING	G ATTACHMENTS		
Shawn G. Lynch			<u> </u>				
P.O. Box 8239		<u></u>	P.O. Box 8239	P.O. Box 8239.			
Cranston	State RI	^{Zψ} 02920	Cranston	State RI	02920		
Shawn G. Lynch			Shawn G. Lynch				
P.O. Box 8239		P.O. Box 8239					
Cranston	State RI	^{Zip} 02920	city Cranston	State RI	0292.0		
). NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR A	•	IN SPACES BEFORE USI	NG ATTACHMENTS		
Director Name			Director Name				
N/A							
Street Address			Street Address				
Sity	State	Zip	City	State	Zip		
Director Name			Director Name		••••••		
Street Address			Sirvet Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE common no par value			-100-	cammon	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	210-04	
Check No.	14249	
Ву:	<u>a</u>	
F	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affincluding any accompanying schedules are contained berein are true and correct.	· · · · · · · · · · · · · · · · · · ·
tres	. 2/5/Date
Signature of Officer Shawn G. Lynch	Date
Print or Type Name of Officer President	
Title of Officer	



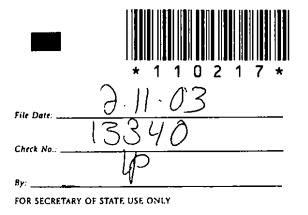
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE REALP INSTRUCTIONS

(FORM MUST BE TITTED OR PRINTE	D IN BLACK)				
1. Corporate ID No.	2. Name of Corpo	ration			
110217	LYNCH'S	CLEANING SERVICE, INC.			
3. Street Address Principal Business (Office		Clly	State	Zip
9 Taylor Road 4. Business Phone No.		5. State of Incorporation	Johnston '	RI	02920 6. SIC Code
401-464-8937 7. Brief Description of the Character	of Business Conducted	RHODE ISLAN	D		8888
To perform clear 8. NAMES AND ADDRESS President Name		es and all other FICERS ("X" BOX FOR ATTA		SEFORE USING ATTAC	CHMENTS
Shawn G. Lynch Street Address			Shawn G. Lynch Street Address		
9 Taylor Road	State	Zip	9 Taylor Road	State	Zip
Johnston Secretary Name	RI	02919	Johnston Treasurer Name	RI	02919
Shawn G. Lynch Street Address 9 Taylor Road			Shawn G. Lynch Street Address 9 Taylor Road		
city Johnston	State RI	zıp 02919	_{chy} Johnston	State RI	zıp 02919
9. NAMES AND ADDRESS Director Name N/A			TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
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 AUTHORIZEI AUTHORIZEI SHARES) ("X" BOX FOR A	ΓΓΑCHMENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMEN	τ)
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



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 les Stiffer | Page | 1/31 |

Shawn G. Lynch

Print or Type Name of Officer
President

Title of Officer

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Ferni 630 12/02

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 2002

STOP PIEASI REAU INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate 1D No. 2. Name of Corporation LYNCH'S CLEANING SERVICE, INC. 110217 State 3. Street Address Principal Business Office City Zip RI02919 Johnston 9 Taylor Road 6. SIC Code 5. State of Incorporation 4. Business Phone No. 8888 401-464-8937 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island To perform cleaning services and all other lawful purposes. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Shawn G. Lynch Shawn G. Lynch Street Address Street Address 9 Taylor Road 9 Taylor Road State City 02919 RI 02919 Johnston Johnston RI Trensurer Name Secretary Name Shawn G. Lynch Shawn G. Lynch Street Address Street Address 9 Taylor Road 9 Taylor Road City 02919 02919 RIJohnston RI Johnston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name N/A Street Address Street Address 210 City Zip City State State Director Name Street Address . Street Address City State Zip Cliv State Zio 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Number of Shares Class/Series Class/Series Par Value 1,000 NO PAR VALUE -100no par value camman

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



File Date:	02-1-02	
Check No.:	124601	
Ву:	2.	
FOR SECRETAR	Y 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 40 Ticer
SHAWN G. LYNCH

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

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

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State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST	BE	TYPED	IN	BI.ACK)
1. Corporate ID	No	-		

110217

2. Name of Corporation
LYNCH'S CLEANING SERVICE, INC.

3. Street Address Principal Business 0 9 Taylor Road	Office		Johnston	State RI	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	of Business Conducted in Rho	de Island			
To perform cleani 8. NAMES AND ADDRESS President Name Shawn G. Lynch	ing services and LES OF THE OFFICER	nd all other law RS (*x° BOX FOR ATTACHN	oful purposes. MENT) FILL IN SPACES BE Vice President Name Shawn G. Lynch	FORE USING ATTACHM	ENTS
Street Address			Street Address		
9 Taylor Road			9 Taylor Road		
City	State	Zip	City	State	Zip
Johnston	ŔĬ	02919	Johnston	ŖI	02919
Shawn G. Lynch			Treasurer Name Shawn G. Lynch		
Street Address			Street Address		
9 Taylor Road			9 Taylor Road		
Johnston	State RI	02919	Johnston	State RI	^{21p} 02919
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTACH	MENTS
N/A 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 AUTHORIZED SHARES) (*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VAL	UE		-100-	common	no par value

City

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



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 contained herein are true and correct.

Signature of Office

SHAWN G. LYNCH Print or Type Name of Officer

P RESIDENT

Title of Officer