



RI SOS Filing Number: 201983674170

Date: 1/3/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019  
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>000001760</b>		2. Exact name of the Corporation <b>B.G. Cleaning Company, Inc</b>			
3. Principal Office Address <b>113 Col. John Gardner Road</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
4. NAICS Code <b>812199</b>	6. Brief description of the character of business conducted in Rhode Island <b>Cleaning Janitorial Services</b>				
5. State of Incorporation <b>11/01/88</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>Brian Holland</b>		Vice-President Name <b>Gary Holland</b>			
Street Address <b>113 Col. John Gardner Road</b>		Street Address <b>113 Col. John Gardner Road</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Secretary Name <b>Brian Holland</b>		Treasurer Name <b>Gary Holland</b>			
Street Address <b>113 Col. John Gardner Road</b>		Street Address <b>113 Col. John Gardner Road</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</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 <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
This information is currently of record in the Department of State.		10. Shares Issued		C. ASSUMED	
Changes require an additional filing.		NUMBER OF SHARES <b>0</b>		PAR VALUE <b>0</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. <b>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.</b>					
Name of Authorized Representative <b>BRIAN M. HOLLAND</b>				Date <b>12/28/2018</b>	
Signature of Authorized Representative <i>Brian M. Holland</i>					

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

**FILED****JAN 03 2019**

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