

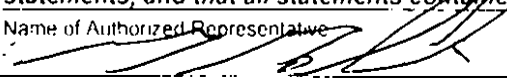
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State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: 2019
Corporation

→ 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 000544122		2 Exact name of the Corporation MIKE'S CLEANING COMPANY INC			
3 Principal Office Address P.O. BOX 6976			City WARWICK	State RI	Zip 02887
4 NAICS Code 561720		6 Brief description of the character of business conducted in Rhode Island JANITORIAL SERVICES			
5 State of Incorporation RI					
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MACIEJ MALINOWSKI			Vice-President Name		
Street Address P.O. BOX 6976			Street Address		
City WARWICK	State RI	Zip 02887	City	State	Zip
Secretary Name MACIEJ MALINOWSKI			Treasurer Name MACIEJ MALINOWSKI		
Street Address P.O. BOX 6976			Street Address P.O. BOX 6976		
City WARWICK	State RI	Zip 02887	City WARWICK	State RI	Zip 02887
8 List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name MACIEJ MALINOWSKI			Director Name		
Street Address P.O. BOX 6976			Street Address		
City WARWICK	State RI	Zip 02887	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10 Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.			NUMBER OF SHARES		
			CLASSIFICATIONS		
Changes require an additional filing			PAR VALUE		
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 					Date 2/7/19
Signature of Authorized Representative MACIEJ MALINOWSKI					

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

FILED 

FEB 11 2019

BY 4410

FORM 630 - Revised: 10/2017