



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 25 PM 12:52

1. Entity ID Number 7246		2. Exact name of the Corporation Four Seasons Professional Janitorial Services, Inc.			
3. Principal Office Address 136 Clarence Street		City Cranston		State RI	Zip 02910
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island Cleaning Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Pereira			Vice-President Name Armando Pereira		
Street Address 136 Clarence Street			Street Address 156 Narragansett Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02906
Secretary Name Antonio Pereira			Treasurer Name John C. Januario		
Street Address 136 Clarence Street			Street Address 156 Narragansett Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Pereira			Director Name John C. Januario		
Street Address 136 Clarence Street			Street Address 156 Narragansett Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIALS		PAR VALUE	
100		Common		No 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 Antonio Pereira					Date 1-30-19
Signature of Authorized Representative <i>Antonio Pereira</i>					
SIGN DOCUMENT HERE					

FILED

FEB 26 2019
BY *AC360*
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