



Department of State - Business Services Division

FILED

Annual Report for the year: 2019
Corporation

MAR 13 2019

BY 7934
ea

- 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 000149497		2. Exact name of the Corporation SEYMOUR CLEANING INC			
3. Principal Office Address 40 AUSTIN AVENUE		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 561740		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 TIMOTHY SEYMOUR			Vice-President Name		
Street Address 40 AUSTIN AVE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TIMOTHY SEYMOUR			Director Name		
Street Address 40 AUSTON AVE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 100	CLASS/SERIES CWP	PAR VALUE .01
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 TIMOTHY SEYMOUR				Date 03/08/2019	
Signature of Authorized Representative 					