

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

Matthew A. Brown, Secretary of State

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

401.222.3040

#### 2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Name of Corporation 1. Corporate ID No. **NEAT HOME PRODUCTS, INC.** 71P 02864 3 Street Address Principal Business Office 32 Meeting Street <sup>CC</sup>Cumberland 6. SIC Corle 5. State of Incorporation 1. Business Phone No. 401-728-5903 7880 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE OF HOUSEHOLD CLEANING UTENSILS. Vice President Name Ilda Agrela President Name Luis R. Agrela Simul 186 Old River Road #5 Street Address 186 Old River Road Unit #5 <del>Ζίρ</del>02865 State RI Lincoln 02865 RI Lincoln Treasurer Name Seensary Name Luis R. Agrela Peter Lombardi Street Address Street Address Same as above Ζф State City State RI 02809 Bristol ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Luis R. Agrela Street Address Street Address Same as above Zip. State Ζip Cuy State Chr Director Name Director Name Street Address Street Address Sinte Z.Ip City Cirv11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Class/Series Number of Shares Number of Shares ClassSeries Par Value no par common 200 1,000 NO PAR VALUE 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 a	ecompanying schedules and statements, and that all statements
contained here	ecompanying schedules and statements, and that all statements in the true and correct.

Print or Type Name of Officer President

Title of Officer

Form 630 Rev. 12/03



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

FOR SECRETARY OF STATE USE ONLY

iling Period: January 1 - M	larch I • F	iling Fee: \$50.00	T FOR THE YEAR	-	
Corporate ID No. 74889	2 Name of Corpora	E PRODUCTS, INC.			
Street Address Principal Business of 32 Meeting Str	ОДІсе	<u></u>	Cumberland	State RI	02864
Bustness Phone No. 401-728-5903	<del></del>	5. State of Incorporation  RHODE ISLAND			6. SIC Code 7880
Brief Description of the Character MANUFACTURE OF HO		d in Rhode Island		· · · · · · · · · · · · · · · · · · ·	
. NAMES AND ADDRESSES resident Name Luis R. Agrela		ERS: ("X" BOX FOR ATT	FILL IN SE  Vice President Name  Ilda Agrela	PACES BEFORE USING	G ATTACHMENTS
rvei Aiddress 186 Old River	Road Unit	: #5	Street Address 186 Old Rive	er Road #5	
Lincoln	State R I	<i>Ζι</i> ρ 02865	City Lincoln	State R I	<i>Zip</i> 02865
exretary Name Peter Lombardi	i.		Treasurer Name Luis R. Agre	ela	
reet Address			Sirrei Addres  Same as abov	<i>r</i> e	
ity	State	Zip	City	State	Zip
Bristol NAMES AND ADDRESSE	RI S OF THE DIREC	02809 TORS: ("X" BOX FOR A	: TTACHMENT)   FILL IN	 SPACES BEFORE USI	NG ATTACHMENTS
lrector Name		·	Director Name		
Luis R. Agrela	a		Street Address		<del></del>
Same as above					120
ity	State	Zip	City	State	Zlp
irccior Name		••••••	Director Name		
Iren Address	<del></del>	<u> </u>	Street Address		
lity	State	Zip	City	State	Zip
0. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	: 11. SHARES ISSUED (* ISSUED SHARES	'X" BOX FOR ATTACI	HMENT)
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200	common	no par
This report must be	signed in ink by	either the President, Vice	President, Secretary, Assistar	nt Secretary, Treasurer	. Receiver or Trustee
-	•				
	7 4 8 8 9	<b>    </b>	Under penalty of perj ipeluding any accom ontainerwherein are	panying schedules and st	that I have examined this atements, and that all state
File Date 212101	.(			Date O	1-22-01
Check No.	<u>'</u>		Signature of Officer		Date
·	cm		Print of Type Name of	ogazela —	
Bv:	` · · · · · · · · · · · · · · · · · · ·	i			

President

74889

FOR SECRETARY OF STATE USE ONLY

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

# FIII

	RPORATION ANNUAL REPORT FOR THE YEAR 2003  uary 1-March 1 • Filing Fee: \$50.00	Pr [N
(FORM MUST BE TYTED OR	PRINTED IN BLACK)	/
1. Corporate ID No.	2. Name of Corporation	

3. Street Address Principal Business Office 32 Meeting Street	Cumberland	State RI	<sup>zip</sup> 02864
4. Business Phone No.	S. State of Incorporation		6. SIC Code
401-728-5903	RHODE ISLAND		7880

7. Brief Description of the Character of Business Conducted in Rhode Island Manufacture of household cleaning utensils

**NEAT HOME PRODUCTS, INC.** 

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name
Joshua Miller

President Name Luis R. Agrela 186 Old River Road #7 186 Old River Road Unit #5

Lincoln 02865 Lincoln 02865 Treasurer Name Secretary Name Joshua Miller Luis R. Agrela

Street Address Street Address Same as above Same as above

City State

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Luis R. Agrela Joshua Miller

Street Address Street Address Same as above Same as above

Zip State City City

Director Name Director Name Street Address Street Address

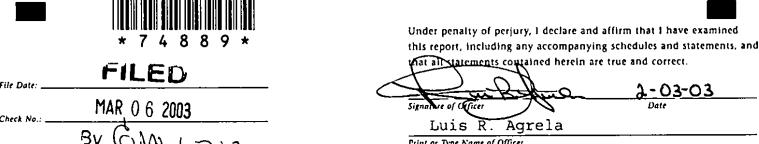
State 210 City State City

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*x\* BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

1,000 NO PAR VALUE 200 common no par

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



Print or Type Name of Officer President Title of Officer Form 630 12/02 **€** 5

.-03-03

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 \_

Hing	l'erioa:	January	1-March 1	•	rung	rcc:	330.00

(FORM	MUST	BE	TYPED	IN	BLACK)

2. Name of Corporation

1. Corporate ID No.

74889

**NEAT HOME PRODUCTS, INC.** 

3. Street Address Principal Business Office 32 Meeting Street Cumberland

Чí

FILL IN SPACES BEFORE USING ATTACHMENTS

zi02864

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-728-5903

RHODE ISLAND

7880

7. Bilef Description of the Character of Business Conducted in Rhode Island

Manufacture of household cleaning utensils

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

Luis R. Agrela

vic วิธีรัฟน์สา Miller

186 Old River Road Unit #5

sucial first old River Road #7

Lincoln

RI

02865

Lincoln

State RI

<sup>z</sup>"ຄ2865

Secretary Name

President Name

Luis R. Agrela

Street Address

Same as above

Street Address

Same as above

State

Treasurer Name
Joshua Miller

City

State Zip

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Street Address

City

Joshua Miller

Same as above

Director Name Luis R. Agrela

Street Address

Same as above

Zip

ZIP

Director Name

State

Zip

Director Name

Street Address

City

Zip

Street Address

City

City

State

Z.Ip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ESSLED SHARES Number of Shares

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

Par Value

Class/Serles

1,000 NO PAR VALUE

200

common

no par

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



FFB 0.4 2002 34 CE6425 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 that all statements contained herein are true and correct.

R.

Print or Type Name of Officer President

Luls

Title of Officer <.... 5

Form 630 12/01

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

### 2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filling Period: January 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

1. Corporate ID <b>7\0889</b>	<sup>2</sup> NEXT <sup>of</sup> HONE to PR	ODUCTS, INC.	· •		
3. Sizer Address Principal Budgess Of	<b>e</b> t		Cumberland	代里	<b>20</b> 2864
4.8 <sup>1</sup> 401-728-5903		5. AHOBE COYSLIAND			<sup>6.</sup> <b>7880</b>
7. Brief Description of the Character of Manufacture of	Business Canducted in Rha household C	de Island Leaning utens	ils		
8. NAMES AND ADDRESSE "LUTS"R. Agrela	S OF THE OFFICER	S (*X* BOX FOR ATTACHM	IENT) FILL IN SPACES BEFO Vic <b>びのおかいね</b> がMiller	DRE USING ATTACHMI	ENTS
s'Tb'dTally Ho Roa	d		Sucient Sucional Suciona Sucio	Road #203	
cumberland	Stat <b>K</b> I	<sup>Zip</sup> 02864	<sup>ce</sup> Lincoln	StateRI	²₫2865
Secretary Name Luis R. Agrela	• • •		Teaure Name Joshua Miller		•• •• •
Street Address Same as above			Street Address as above		•
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name Joshua Miller	S OF THE DIRECTO	ORS ("x" box for attac.	HMENT) FILL IN SPACES BI Director Name R. Agrela	EFORE USING ATTACH	MENTS
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name	• • • •	•
Street Address			Street Address		
Спу	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHA	(ENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Serles	Par Value
1,000 SHS NO PAR	VALUE		200	common	no par

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



	1/30
File Date:	6/14
Check No.:	7,
Ву:	
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 that all vatements contained herein are true and correct.

Print PPESITAEME

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

FORM MUST	BE TYPED	IN BLACK)
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1. Corporate ID No.

2. Name of Corporation

74889

NEAT HOME PRODUCTS, INC.

3.	Street	Address	Principal	Business	Office
	32	Mee	ting	Str	eet

Cumberland

219 02864

4. Business Phone No. 401-728-5903 5. State of Incorporation RHODE ISLAND 6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island Manufacture of household cleaning utensils

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Luis R. Agrela

Street Address
10 Tally Ho Road

Cumberland

RT

02864

Street Address 196 Old River Road #203

Vice President Name
Joshua Miller

Lincoln

RI

02865

Treasurer Name

Joshua Miller

Street Address

Same as above

Same as above

City

Luis R. Agrela

State

ZIP

**FILL IN SPACES BEFORE USING ATTACHMENTS** 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name

Director Name

Secretary Name

Street Address

Joshua Miller

Street Address

Same as above

City

Director Name

State

Zip

Luis R. Agrela

Street Address

Same as above

City

State

State

Zip

Director Name

Street Address

Street Address

City

1,000 SHS NO PAR VALUE

State

Zip

City

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

common

no par

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 that all statements contained herein are true and correct.

Luis R. Agrela Print or Type Name of Officer President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

1998

STOP PLE AVE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 74889 NEAT HOME PRODUCTS, INC. 3. Street Address Principal Business Office 02864 Cumberland RI 32 Meeting Street 4. Business Phone No. 401-728-5903 7. Brief Description of the Character of Business Conducted in Rhode Island Manufacture of household cleaning utensils 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Joshua Miller Luis R. Agrela Street Address Street Address 203 Prestwick Drive 10 Tally Ho Road 02865 Lincoln RI 02864 RI Cumberland Secretary Name Treasurer Name Joshua Miller Luis R. Agrela Street Address Street Address Same as above Same as above State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) \_ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Luis R. Agrela Joshua Miller Street Address Street Address Same as above Same as above State Director Name Director Name Street Address Street Address City State City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUEED SHARES Par Value Number of Shares Class/Series Number of Shares Class/Series 1,000 SHS NO PAR VALUE no par 200 common

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

•	7			*

FILED

Check No.: JAN 2.9 1999

By 4- 5556

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 that all statements contained herein are true and correct.

( A)

Luis R. Agrela

Print or Type Name of Officer President





James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, RI 02903-1335 401-277-3040





#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation **NEAT HOME PRODUCTS, INC.** 74889 <sup>z</sup>1,02860 3. Street Address Principal Business Office Pawtucket 59 Blackstone Avenue 6 SIC Code 4. Business Phone No. 5. State of incorporation 7880 **RHODE ISLAND** 401-728-5903 7. Brief Description of the Character of Business Conducted in Rhode Island Manufacture of household cleaning utensils 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Joshua Miller President Name Luis R. Agrela Street Address 203 Prestwick Drive 10 Tally Ho Road <sup>21p</sup> 02865 RΙ 02864 Lincoln RI Cumberland Treasurer Name Secretary Name Joshua Miller Luis R. Agrela Street Address Street Address Same as above Same as above ZIp City State ZIp City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Luis R. Agrela Joshua Miller Street Address Street Address Same as above Same as above Zip Zip City State City State Director Name Director Name Street Address Street Address City State Zip Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 SHS NO PAR VALUE common no par 200

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

	FILED
File Date:	FFR 1 3 1998
	(106
Check No.:	FEB ( 3 1998 By
Ву:	<del></del>
FOR SECRETARY O	F 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 of Office

Date

Agrela Luis

Print or Type Name of Officer President



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

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

# PROFIT CORPORATION ANNUAL REPORT 1997

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 74889

2. Name of Corporation
NEAT HOME PRODUCTS, INC.

02860

4. Business Phone No. 401-728-5903

5. State of Incorporation **RHODE ISLAND**  6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacture of household cleaning utensils

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name R. Agrela

Cumberland

Vice President Name Joshua Miller

Succest Address Tally Ho Road

RI

02864

Lincoln

Pawtucket

RI

02865

Secretary Name

Luis R. Agrela

Street Address Same as above

Treasurer Name Joshua Miller

Street Address Same as above

203 Prestwick Drive

State

Zio

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Street Address

City

Joshua

Miller

State

Street Address

Director Name

City

Luis R. Agrela

Same as above

Same as above

City

- State

Zip

Director Name

Street Address

City

State

State

Zip

Street Address

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

200

common

no par

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 that all statements contained herein are true and correct.

Luis R. Agrela Print or Type Name of Officer President



# PROFIT CORPORATION ANNUAL REPORT

1996



<u>Luis R. Agrela</u> Print or Type Name of Officer

President Title of Officer

State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

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

iling Fee: \$50.00		PLEASE TYPE OR	PRINT IN BLACK INK.					
, CORPORATE ID NO.	2. NAME OF CORPORATION				-			
74889	NEAT H	NEAT HOME PRODUCTS, INC.						
3. STRÉET ADORESS PRINCIPAL BUSINESS	T ADDRESS PRINCIPAL BUSINESS OFFICE			STATE	ZP COOE			
65 Blacksto	ne Street		Pawtucket	RI	02860			
AUSINESS PHONE HO. 5. STATE OF INCORPORATION					6. SIC COOE			
351-7700 RHODE IS			SLAND	7880				
BATE DESCRIPTION OF THE CHARACTER Manufacture	of household	l cleaning ut	ensils					
RESIDENT NAME	• • •	MES AND ADDR	ESSES OF THE OF	FICERS				
uis R. Agrel			Joshua Miller					
Tally Ho R	oad		203 Prestwock					
Cumberland	STATE RI	92834	Lincoln, RI	STATE	02865			
toetamume Luis R. Agrela			TREASUREM NAME  Joshua Millwr  STREET ADDRESS					
rret Address same above			same above					
אוע	STATE	ZIP C006	άπ	STATE	739 000€			
	9. NA	MES AND ADDE	ESSES OF THE DI	RECTORS				
HECTOR HAME	rela		Joshua Mille:	r .				
same above			same above					
ήγ	STATE	ZIP C010€	άπ	STATE	ZP C00€			
RECTOR NAME			DIRECTOR NAME					
STREET ADDRESS		····	STREET AODRESS					
TTY TO THE TOTAL TOTAL TO THE THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTA	STATE	XIP COCK	GIV	STATE	7/P COCY5			
<u> </u>		· · · · · · · · · · · · · · · · · · · ·						
	10. S	HARES AUTHOI	RIZED AND ISSUED	=	· <del></del> · <del></del> ·			
	AUTHORIZED SHARES		I NEWSTRAN OF CUARTE	ISSUED SHARES	PARVALLE			
MUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	TAN PAUL			
1,000 SHS	NO PAR VALUE	· · · · · · · · · · · · · · · · · · ·	none	1 +				
	<del> </del>			1	<del></del>			
				, 				
Pr	Thi resident, Vice Presid	is report must be <b>SI</b> lent, Secretary, Assi	GNED IN INK by either th stant Secretary, Treasurer,	e Receiver or Trust	ee <b>Tab</b>			
<del></del>	. ,		report. ińcludina	f perjury, I declare and any accompanying so ontained herein are true	I affirm that I have examined hedules and statements, and a and correct.			
File Date: 6/	11/94.	•.	Signature of Office	Ague				

For Secretary of State Use Only

Check No:

Ву:

### State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

#### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 0074889

Corporate ID:			Annual Report for the year:			
	NEAT HOME PRODE	ucts, I	NC.			
Name of Corporation:			Business Entity is (check one):  [X] Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)			
	<del></del>	<del></del>	Brief statement of the characte	er of business conducted in RI	hode Teland:	
Phone: ( )			_manufacture_of			
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):			cleaning_utensils			
65 Blackstone St	reet	<del></del> -	• • — — — — — — — — — — — — — — — — — —			
Pawtucket, RI						
Phone: ( )						
<del></del>	THE NA	MES OF T	HE OFFICERS ARE:	·		
PRESIDENT Luis R. Agrela		STREET AD	DRESS CITY	//STATE	ZIP CODE	
VICE PRESIDENT	10 Tally H	lo Rd	Cumberland, R	KI Østate	Z;P CODE	
Joshua Miller	203 Prestw			STATE	21 01/1	
SECRETARY		STREET AD		/STATE	ZIP CODE	
Luis R. Agrela	10 Tally h		Cumberland, R			
TREASURER Joshua Miller	203 Dwaate	STREET AD		//STATE	71P CODE	
Joshua Miller	203 Prestw		Lincoln, RI IE DIRECTORS ARE:	. <u>.</u>		
NAME	THE NAI	STREET AD		OSTATE	ZIP CODE	
Luis R. Agrela	same abov	7e STREET AD		7.4.T. \ TT.	ZIP CODE	
	h		DORESS CITY	VISTATE	Zir Cobe	
Joshua Miller	same aboy	STREET AD	DRESS CITY	USTATE	ZIP CODE	
NUMBER OF SHARES AUTHOR	UZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)			
Number of Shares	Class / Series		Number of Shares C	lass / Series		
1,000	no/par					
		-6			<u></u>	
Date May 22		<u>P1</u>	cesident			
Form 31 1/95			TYPE NAME OF OFFICER SIGNING OFFICER SIGNING			
	DESIGNATED REGIS		ENT FOR SERVICE OF PRO	CESS:		
-	DIMINITURE REGIO	- 1/11/1// /10				

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PROVIDENCE

FILED

WILLIAM J. LYNCH 321 SOUTH MAIN STREET, SUITE 400 RI 02905