



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 74889		2. Name of Corporation NEAT HOME PRODUCTS, INC.			
3. Street Address Principal Business Office 32 Meeting Street		City Cumberland		State RI	Zip 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Luis R. Agrela			Vice President Name Ilda Agrela		
Street Address 186 Old River Road Unit #5			Street Address 186 Old River Road #5		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Peter Lombardi			Treasurer Name Luis R. Agrela		
Street Address Same as above			Street Address Same as above		
City Bristol	State RI	Zip 02809	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Luis R. Agrela			Director Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED 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



74889

File Date	2/9/05
Check No.	7284
By:	W.
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.

Signature: Luis R. Agrela Date: 1-4-05

Print or Type Name of Officer

President

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 74889		2. Name of Corporation NEAT HOME PRODUCTS, INC.			
3. Street Address Principal Business Office 32 Meeting Street			City Cumberland	State RI	Zip 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Luis R. Agrela			Vice President Name Ilda Agrela		
Street Address 186 Old River Road Unit #5			Street Address 186 Old River Road #5		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Peter Lombardi			Treasurer Name Luis R. Agrela		
Street Address			Street Address Same as above		
City Bristol	State RI	Zip 02809	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Luis R. Agrela			Director Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED 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



* 7 4 8 8 9 *

File Date 2/2/04
Check No. 6967
By: PM

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.

Signature of Officer

1-22-04
Date

Luis R. Agrela
Print or Type Name of Officer

President

Title of Officer



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

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

74889

2. Name of Corporation

NEAT HOME PRODUCTS, INC.

3. Street Address Principal Business Office

32 Meeting Street

City

Cumberland

State

RI

Zip

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

Vice President Name

Joshua Miller

Street Address

186 Old River Road Unit #5

Street Address

186 Old River Road #7

City

Lincoln

State

RI

Zip

02865

City

Lincoln

State

RI

Zip

02865

Secretary Name

Luis R. Agrela

Treasurer Name

Joshua Miller

Street Address

Same as above

Street Address

Same as above

City

State

Zip

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Joshua Miller

Director Name

Luis R. Agrela

Street Address

Same as above

Street Address

Same as above

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

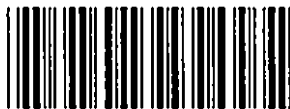
Par Value

200

common

no par

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



* 7 4 8 8 9 *

FILED

File Date: _____

MAR 06 2003

Check No.: _____

By: Bv GMA 6713

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.

Signature of Officer

Luis R. Agrela

Print or Type Name of Officer

President

Title of Officer

2-03-03

Date



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

74889

2. Name of Corporation

NEAT HOME PRODUCTS, INC.

3. Street Address Principal Business Office

32 Meeting Street

City
Cumberland

State
RI

Zip
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

Vice President Name

Joshua Miller

Street Address

186 Old River Road Unit #5

Street Address

186 Old River Road #7

City
Lincoln

State
RI

Zip
02865

City
Lincoln

State
RI

Zip
02865

Secretary Name

Luis R. Agrela

Treasurer Name

Joshua Miller

Street Address

Same as above

Street Address

Same as above

City
Lincoln

State
RI

Zip
02865

City
Lincoln

State
RI

Zip
02865

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

Director Name

Joshua Miller

Director Name

Luis R. Agrela

Street Address

Same as above

Street Address

Same as above

City
Lincoln

State
RI

Zip
02865

City
Lincoln

State
RI

Zip
02865

Director Name

Director Name

Street Address

Street Address

City
Lincoln

State
RI

Zip
02865

City
Lincoln

State
RI

Zip
02865

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO 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



* 7 4 8 8 9 *

File Date: _____

Check No.: FEB 04 2002

By: 3y 086425

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.

Signature of Officer

1-11-02
Date

Luis R. Agrela

Print or Type Name of Officer
President

Title of Officer
5



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 74889 2. Name of Corporation NEAT HOME PRODUCTS, INC.

3. Street Address, Principal Business Office 32 Meeting Street Cumberland RI 02864

4. Business Phone No. 401-728-5903 5. State of Incorporation RHODE ISLAND 6. 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 <u>Luis R. Agrela</u>	Vice President Name <u>Joshua Miller</u>
Street Address <u>10 Tally Ho Road</u>	Street Address <u>198 Old River Road #203</u>
City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>	City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u>
Secretary Name <u>Luis R. Agrela</u>	Treasurer Name <u>Joshua Miller</u>
Street Address <u>Same as above</u>	Street Address <u>Same as above</u>
City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>	City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u>

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

Director Name <u>Joshua Miller</u>	Director Name <u>Luis R. Agrela</u>
Street Address <u>Same as above</u>	Street Address <u>Same as above</u>
City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>	City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u>
Director Name <u></u>	Director Name <u></u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES

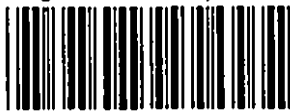
Number of Shares	Class/Series	Par Value
<u>1,000 SHS</u>	<u>NO</u>	<u>PAR VALUE</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>200</u>	<u>common</u>	<u>no par</u>

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



* 7 4 8 8 9 *

File Date: 1/30
6/1/04
Check No.: 22
By: _____

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.

Signature of Officer
Luis R. Agrela

Date
1-9-01

Print or Type Name of Officer
President

Title of Officer



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

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)

1. Corporate ID No. **74889** 2. Name of Corporation **NEAT HOME PRODUCTS, INC.**

3. Street Address Principal Business Office **32 Meeting Street** City **Cumberland** State **RI** Zip **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	Vice President Name Joshua Miller
Street Address 10 Tally Ho Road	Street Address 196 Old River Road #203
City Cumberland State RI Zip 02864	City Lincoln State RI Zip 02865
Secretary Name Luis R. Agrela	Treasurer Name Joshua Miller
Street Address Same as above	Street Address Same as above
City Cumberland State RI Zip 02864	City Lincoln State RI Zip 02865

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

Director Name Joshua Miller	Director Name Luis R. Agrela
Street Address Same as above	Street Address Same as above
City Cumberland State RI Zip 02864	City Lincoln State RI Zip 02865
Director Name Luis R. Agrela	Director Name Joshua Miller
Street Address Same as above	Street Address Same as above
City Cumberland State RI Zip 02864	City Lincoln State RI Zip 02865

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO 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



* 7 4 8 8 9 *

File Date: **FILED**
FEB 16 2000
Check No.:
By: **CC 5851**

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.

Signature of Officer **Luis R. Agrela** Date **2-7-00**
Print or Type Name of Officer
President
Title of Officer



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

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 **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 74889		2. Name of Corporation NEAT HOME PRODUCTS, INC.			
3. Street Address Principal Business Office 32 Meeting Street		City Cumberland	State RI	Zip 02864	
4. Business Phone No. 401-728-5903		5. State of Incorporation RHODE ISLAND			6. SIC Code 7886
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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Luis R. Agrela		Vice President Name Joshua Miller			
Street Address 10 Tally Ho Road		Street Address 203 Prestwick Drive			
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
Secretary Name Luis R. Agrela		Treasurer Name Joshua Miller			
Street Address Same as above		Street Address Same as above			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joshua Miller		Director Name Luis R. Agrela			
Street Address Same as above		Street Address Same as above			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	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



* 7 4 8 8 9 *

File Date: **FILED**
Check No.: **JAN 29 1999**
By: **By 6 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.

Signature of Officer:
Date: **1-13-99**
Luis R. Agrela
Print or Type Name of Officer
President
Title of Officer



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

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 **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74889** 2. Name of Corporation **NEAT HOME PRODUCTS, INC.**

3. Street Address Principal Business Office **59 Blackstone Avenue** City **Pawtucket** State **RI** Zip **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
Luis R. Agrela

Street Address
10 Tally Ho Road

City **Cumberland** State **RI** Zip **02864**

Secretary Name
Luis R. Agrela

Street Address
Same as above

City _____ State _____ Zip _____

Vice President Name
Joshua Miller

Street Address
203 Prestwick Drive

City **Lincoln** State **RI** Zip **02865**

Treasurer Name
Joshua Miller

Street Address
Same as above

City _____ State _____ Zip _____

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

Director Name
Joshua Miller

Street Address
Same as above

City _____ State _____ Zip _____

Director Name
Luis R. Agrela

Street Address
Same as above

City _____ State _____ Zip _____

Director Name

Director Name

Street Address

Street Address

City _____ State _____ Zip _____

City _____ State _____ Zip _____

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 SHS NO 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



FILED

File Date: **FEB 13 1998**

Check No.: **005286**

By: _____

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.

Signature of Officer

Luis R. Agrela

Print or Type Name of Officer

President

Title of Officer

1-16-98
Date



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74889** 2. Name of Corporation **NEAT HOME PRODUCTS, INC.**
3. Street Address Principal Business Office **59 Blackstone Avenue** City **Pawtucket** State **RI** Zip **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 Luis R. Agrela	Vice President Name Joshua Miller
Street Address 10 Tally Ho Road	Street Address 203 Prestwick Drive
City Cumberland State RI Zip 02864	City Lincoln State RI Zip 02865
Secretary Name Luis R. Agrela	Treasurer Name Joshua Miller
Street Address Same as above	Street Address Same as above
City State Zip	City State Zip

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

Director Name Joshua Miller	Director Name Luis R. Agrela
Street Address Same as above	Street Address Same as above
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	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



File Date: **2-3-97**
Check No.: **1008**
By: **IGP / JEC**
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.

Signature of Officer **Luis R. Agrela** Date **1-16-97**
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 74889		2. NAME OF CORPORATION NEAT HOME PRODUCTS, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 65 Blackstone Street		CITY Pawtucket	STATE RI
4. BUSINESS PHONE NO. 351-7700		5. STATE OF INCORPORATION RHODE ISLAND	6. ZIP CODE 02860
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Manufacture of household cleaning utensils		8. SIC CODE 7880	

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME Luis R. Agrela		
VICE PRESIDENT NAME Joshua Miller		
STREET ADDRESS 10 Tally Ho Road		
STREET ADDRESS 203 Prestwock Drive		
CITY Cumberland	STATE RI	ZIP CODE 02834
CITY Lincoln, RI	STATE RI	ZIP CODE 02865
SECRETARY NAME Luis R. Agrela		
TREASURER NAME Joshua Millwr		
STREET ADDRESS same above		
STREET ADDRESS same above		
CITY	STATE	ZIP CODE
CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME Luis R. Agrela		
DIRECTOR NAME Joshua Miller		
STREET ADDRESS same above		
STREET ADDRESS same above		
CITY	STATE	ZIP CODE
CITY	STATE	ZIP CODE
DIRECTOR NAME		
DIRECTOR NAME		
STREET ADDRESS		
STREET ADDRESS		
CITY	STATE	ZIP CODE
CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VALUE			none		

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

Luis R. Agrela
Print or Type Name of Officer

President
Title of Officer

Date

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

1995

Corporate ID: _____ Annual Report for the year: _____

NEAT HOME PRODUCTS, INC.

Name of Corporation: _____

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office: _____

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

65 Blackstone Street

Pawtucket, RI

Phone: () _____

Brief statement of the character of business conducted in Rhode Island:

manufacture of household

cleaning utensils

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Luis R. Agrela	10 Tally Ho Rd	Cumberland, RI	

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Joshua Miller	203 Prestwick Dr.	Lincoln, RI	

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Luis R. Agrela	10 Tally Ho Rd	Cumberland, RI	

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Joshua Miller	203 Prestwick Dr.	Lincoln, RI	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Luis R. Agrela	same above		

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Joshua Miller	same above		

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

1,000

no/par

Number of Shares Class / Series

Date May 22, 19 95

By: 
President

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

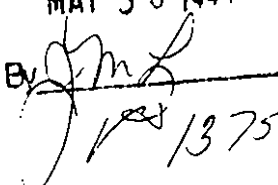
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

WILLIAM J. LYNCH
321 SOUTH MAIN STREET, SUITE 400
PROVIDENCE RI 02903

FILED

MAY 30 1995

By: 
1375