RI SOS Filing Number: 202033146560 Date: 1/21/2020 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JAN 21 2020
3306

Annual Report for the year: 2020
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	2. Exact name of the Corporation
000095289	M L WINDOW CLEANING, INC.

3. Principal Office Address	City	State	Zip
120 SMITH HILL ROAD	HARRISVILLE	RI	02830

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812990	JANITORIAL SERVICES
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MICHAEL LUBERA			Vice-President Name: MICHAEL LUBERA		
Street Address: 120 SMITH HILL ROAD			Street Address: 120 SMITH HILL ROAD		
City: HARRISVILLE	State: RI	Zip: 02830	City: HARRISVILLE	State: RI	Zip: 02830
Secretary Name: KIMBERLY LUBERA			Treasurer Name: MICHAEL LUBERA		
Street Address: 120 SMITH HILL ROAD			Street Address: 120 SMITH HILL ROAD		
City: HARRISVILLE	State: RI	Zip: 02830	City: HARRISVILLE	State: RI	Zip: 02830

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MICHAEL LUBERA			Director Name		
Street Address: 120 SMITH HILL ROAD			Street Address		
City: HARRISVILLE	State: RI	Zip: 02830	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	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	2,000	CNP	$0 0000

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
MICHAEL LUBERA	1/15/2020

Signature of Authorized Representative: Michael L Lubera SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017