



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

**FILED**

JAN 21 2020

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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 000095289		2. Exact name of the Corporation M L WINDOW CLEANING, INC.			
3. Principal Office Address 120 SMITH HILL ROAD			City HARRISVILLE	State RI	Zip 02830
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island JANITORIAL SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			2,000		CNP
			PAR VALUE		\$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. <b>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.</b>					
Name of Authorized Representative MICHAEL LUBERA				Date 1/15/2020	
Signature of Authorized Representative <i>Michael J Lubera</i>				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