



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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Annual Report for the year: 2018

## 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 <b>713824</b>		2. Exact name of the Corporation <b>Mouras Cleaning Service Inc</b>			
3. Principal Office Address <b>349 Lunenburg Street</b>			City <b>Fitchburg</b>	State <b>MA</b>	Zip <b>01420</b>
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island <b>Janitorial Cleaning Service</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>David Moura</b>			Vice-President Name		
Street Address <b>32 Minneapolis Ave</b>			Street Address		
City <b>Fitchburg</b>	State <b>MA</b>	Zip <b>01420</b>	City	State	Zip
Secretary Name <b>David Moura</b>			Treasurer Name		
Street Address <b>32 Minneapolis Ave</b>			Street Address		
City <b>Fitchburg</b>	State <b>MA</b>	Zip <b>01420</b>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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		CLASS/SERIES	PAR VALUE
		1			
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 <b>03/09/2020</b>	
Signature of Authorized Representative				SIGN DOCUMENT HERE	

FILED

SIGN DOCUMENT HERE

MAR 10 2020

BY U7D4F

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