



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

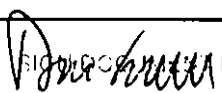
→ Filing period: January 1 - March 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS. DIV
2020 JUL 16 AM 11:15

STAMP

1. Entity ID Number 001671647		2. Exact name of the Corporation CITRON HYGIENE U.S. CORP.			
3. Principal Office Address 13 Linnell Circle		City Billerica		State MA	Zip 01821
4. NAICS Code 735900		6. Brief description of the character of business conducted in Rhode Island RESTROOM HYGIENE SERVICES & PEST CONTROL			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DANIEL DESOUSA			Vice-President Name		
Street Address 13 Linnell Circle			Street Address		
City Billerica	State MA	Zip 01821	City	State	Zip
Secretary Name FELIX-ETIENNE LEBEL			Treasurer Name SHAWN LANTHIER		
Street Address 100 Wellington St. W., Suite 2300			Street Address 23 View Point Circle		
City TORONTO	State Ontario	Zip M5K 1A1	City GEORGETOWN	State Ontario	Zip L7G 6P2
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name FELIX-ETIENNE LEBEL			Director Name		
Street Address 100 Wellington St. W., Suite 2300			Street Address		
City TORONTO	State Ontario	Zip M5K 1A1	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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 checked="" type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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 Daniel C. Schmidt, Solicitor				Date July 7, 2020	
Signature of Authorized Representative 				FILED JUL 16 2020 BY 9mw15 A.A.	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

9. Shares Authorized

<u>Class of Stock</u>	<u>Series of Stock</u>	<u>Par Value</u>	<u>Total Authorized</u> <u>Shares</u>
Class A Common	n/a	\$0.001	1,000
Class B Common	n/a	\$4,475,621	1
Class C Common	n/a	\$4,230,893.50	1

10. Shares Issued

<u>Number of Shares</u>	<u>Class/Series</u>
100	Class A Common
1	Class B Common
1	Class C Common

PAR value
\$ 0.001
\$ 4,475,621
\$ 4,230,893.50