



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.

FILED

OCT 07 2020

BY

1. Entity ID Number 84899		2. Exact name of the Corporation B R Cleaning Services, Inc.	
3. Principal Office Address 1 Indian Terrace		City Middletown	State RI
		Zip 02842	
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island General business of cleaning and maintenance of commercial and residential buildings.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name BRUCE ROBINSON		Vice-President Name BRUCE ROBINSON	
Street Address 1 Indian Terrace		Street Address 1 Indian Terrace	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Secretary Name BRUCE ROBINSON		Treasurer Name BRUCE ROBINSON	
Street Address SEE ABOVE		Street Address SEE ABOVE	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ☐	
		NUMBER OF SHARES	CLASS/SERIES
		100	COMMON
			NO 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 BRUCE ROBINSON		Date 2/9/20	
Signature of Authorized Representative <i>Bruce Robinson</i>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov