



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

| | | | |
|--|---|---|---------------------|
| 1. Corporate ID No. 64986 | | 2. Name of Corporation COMPLETE CLEANING SYSTEMS, INC. | |
| 3. Street Address Principal Business Office 7 RICOM WAY | | City PROVIDENCE | State RI |
| | | Zip 02909 | |
| 4. Business Phone No. 4019464640 | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 7450 |

7. Brief Description of the Character of Business Conducted in Rhode Island
INTERIOR AND EXTERIOR COMMERCIAL AND RESIDENTIAL CLEANING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|------------------------------------|-------------|--------------|--|-------------|--------------|
| President Name Susan A. Creamer | | | Vice President Name Joseph E. Creamer | | |
| Street Address 7 Ricom Way | | | Street Address 7 Ricom Way | | |
| City Providence | State RI | Zip 02909 | City Providence | State RI | Zip 02909 |
| Secretary Name Susan A. Creamer | | | Treasurer Name Joseph E. Creamer | | |
| Street Address 7 Ricom Way | | | Street Address 7 Ricom Way | | |
| City Providence | State RI | Zip 02909 | City Providence | State RI | Zip 02909 |

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|------------------------------------|-------------|--------------|-----------------------------------|-------------|--------------|
| Director Name Joseph E. Creamer | | | Director Name Susan A. Creamer | | |
| Street Address 7 Ricom Way | | | Street Address 7 Ricom Way | | |
| City Providence | State RI | Zip 02909 | City Providence | State RI | Zip 02909 |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| | | | | | |
|---|--------------|-----------|---|--------------|--------------|
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 | NO PAR VALUE | | 2000 | common | no par value |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



64986 DBC 01/24/05 11:03:27 AM

File Date 2-22-05

Check No. 7039

By [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Feb 17, 2005
Signature of Officer Date

Susan A. Creamer
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. 64986, Name of Corporation COMPLETE CLEANING SYSTEMS, INC., Street Address 7 Ricom Way, Providence, RI 02909, Business Phone No. 401-946-4640, State of Incorporation RHODE ISLAND, SIC Code 7450, Brief Description of the Character of Business Conducted in Rhode Island INTERIOR AND EXTERIOR COMMERCIAL AND RESIDENTIAL CLEANING SERVICES, Names and Addresses of the Officers (President, Vice President, Secretary, Treasurer), Names and Addresses of the Directors, Shares Authorized (2,000 NO PAR VALUE), Shares Issued (2000 common no par value).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 8 6 *

File Date 3-2-04, Check No. 5880, By: [Signature]

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.

Signature of Officer [Signature], Date 2/27/2004

Susan A. Creamer, Print or Type Name of Officer

President, Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **64986** 2. Name of Corporation **COMPLETE CLEANING SYSTEMS, INC.**
3. Street Address Principal Business Office **7 Ricom Way** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401-946-4640** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7450**
7. Brief Description of the Character of Business Conducted in Rhode Island
Interior and exterior commercial and residential cleaning services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Susan A. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 | Vice President Name Joseph E. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 |
| Secretary Name Susan A. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 | Treasurer Name Joseph E. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|---|
| Director Name Joseph E. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 | Director Name Susan A. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 |
| Director Name None Street Address City State Zip | Director Name None Street Address City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Number of Shares | Class/Series | Par Value |
|-------------------|---------------------------|--------------|-----------|
| | 2,000 NO PAR VALUE | | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | Number of Shares | Class/Series | Par Value |
|---------------|------------------|---------------|---------------------|
| | 2000 | common | no par value |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 8 6 *

File Date: 2/24/03
4780
Check No.: _____
By: [Signature]

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.

[Signature] 2/8/03
Signature of Officer Date

Susan A. Creamer
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64986** 2. Name of Corporation **COMPLETE CLEANING SYSTEMS, INC.**
3. Street Address Principal Business Office **7 Ricom Way** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401-946-4640** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7450**

7. Brief Description of the Character of Business Conducted in Rhode Island
Interior and exterior commercial and residential cleaning services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Susan A. Creamer | Vice President Name Joseph E. Creamer |
| Street Address 7 Ricom Way | Street Address 7 Ricom Way |
| City Providence State RI Zip 02909 | City Providence State RI Zip 02909 |
| Secretary Name Susan A. Creamer | Treasurer Name Joseph E. Creamer |
| Street Address 7 Ricom Way | Street Address 7 Ricom Way |
| City Providence State RI Zip 02909 | City Providence State RI Zip 02909 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| Director Name Joseph E. Creamer | Director Name Susan A. Creamer |
| Street Address 7 Ricom Way | Street Address 7 Ricom Way |
| City Providence State RI Zip 02909 | City Providence State RI Zip 02909 |
| Director Name None | Director Name None |
| Street Address None | Street Address None |
| City None State None Zip None | City None State None Zip None |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
2000 common no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 8 6 *

File Date: 2-25-02
Check No.: 3575
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.
i [Signature] 2/8/02
Signature of Officer Date
Susan A. Creamer
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64986** 2. Name of Corporation **COMPLETE CLEANING SYSTEMS, INC.**
3. Street Address Principal Business Office **7 Ricom Way** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401-946-4640** 5. State of Incorporation **RHODE ISLAND** 6. **9450**
7. Brief Description of the Character of Business Conducted in Rhode Island
Interior and exterior commercial and residential cleaning services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Susan A. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 | Vice President Name Joseph E. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 |
| Secretary Name Susan A. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 | Treasurer Name Joseph E. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|---|
| Director Name Joseph E. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 | Director Name Susan A. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 |
| Director Name None Street Address None City _____ State _____ Zip _____ | Director Name None Street Address None City _____ State _____ Zip _____ |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2000 SHARES NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
2000 common no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 8 6 *

File Date: 2/12/2001
Check No.: 2405
By: [Signature]

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.
Signature of Officer: [Signature] Date: 1/12/01
Print or Type Name of Officer: Susan A. Creamer
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64986** 2. Name of Corporation **COMPLETE CLEANING SYSTEMS, INC.**
3. Street Address Principal Business Office **7 Ricom Way** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401-946-4640** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7450**

7. Brief Description of the Character of Business Conducted in Rhode Island
Interior and exterior commercial and residential cleaning services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Susan A. Creamer | Vice President Name Joseph E. Creamer |
| Street Address 7 Ricom Way | Street Address 7 Ricom Way |
| City Providence State RI Zip 02909 | City Providence State RI Zip 02909 |
| Secretary Name Susan A. Creamer | Treasurer Name Joseph E. Creamer |
| Street Address 7 Ricom Way | Street Address 7 Ricom Way |
| City Providence State RI Zip 02909 | City Providence State RI Zip 02909 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| Director Name Joseph E. Creamer | Director Name Susan A. Creamer |
| Street Address 7 Ricom Way | Street Address 7 Ricom Way |
| City Providence State RI Zip 02909 | City Providence State RI Zip 02909 |
| Director Name None | Director Name None |
| Street Address None | Street Address None |
| City None State None Zip None | City None State None Zip None |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2000 SHARES NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
2000 common no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 8 6 *

File Date: 2/22/00
Check No.: 1325
By: [Signature]

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.

[Signature] 1/18/00
Signature of Officer Date

Susan A. Creamer
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64986** 2. Name of Corporation **COMPLETE CLEANING SYSTEMS, INC.**
3. Street Address Principal Business Office **7 Ricom Way** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401-946-4640** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7450**

7. Brief Description of the Character of Business Conducted in Rhode Island
Interior and exterior commercial and residential cleaning services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | |
|---|---|
| President Name Susan A. Creamer | Vice President Name Joseph E. Creamer |
| Street Address 7 Ricom Way | Street Address 7 Ricom Way |
| City Providence State RI Zip 02909 | City Providence State RI Zip 02909 |
| Secretary Name Susan A. Creamer | Treasurer Name Joseph E. Creamer |
| Street Address 7 Ricom Way | Street Address 7 Ricom Way |
| City Providence State RI Zip 02909 | City Providence State RI Zip 02909 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | |
|---|---|
| Director Name Joseph E. Creamer | Director Name Susan A. Creamer |
| Street Address 7 Ricom Way | Street Address 7 Ricom Way |
| City Providence State RI Zip 02909 | City Providence State RI Zip 02909 |
| Director Name None | Director Name None |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Class/Series | Par Value |
|---------------------------------|--------------|-----------|
| 2000 SHARES NO PAR VALUE | | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | Class/Series | Par Value |
|---------------|---------------|---------------------|
| 2000 | common | no par value |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 8 6 *

File Date: Feb 12, 99

Check No.: 11057

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Susan A. Creamer 1/30/99
Signature of Officer Date

Susan A. Creamer

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **64986** 2. Name of Corporation **COMPLETE CLEANING SYSTEMS, INC.**
3. Street Address Principal Business Office **7 Ricom Way** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401-946-4640** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7450**
7. Brief Description of the Character of Business Conducted in Rhode Island
Interior and exterior commercial and residential cleaning services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

| | |
|--|--|
| President Name Susan A. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 | Vice President Name Joseph E. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 |
| Secretary Name Susan A. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 | Treasurer Name Joseph E. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

| | |
|--|---|
| Director Name Joseph E. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 | Director Name Susan A. Creamer Street Address 7 Ricom Way City Providence State RI Zip 02909 |
| Director Name None Street Address City State Zip | Director Name None Street Address City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|----------------------------|-----------|
| 2000 | SHARES NO PAR VALUE | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|---------------|---------------------|
| 2000 | common | no par value |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/25/98
Check No.: 9897
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/21/98
Signature of Officer Date
Susan A. Creamer
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

64986

COMPLETE CLEANING SYSTEMS, INC.

3. Street Address Principal Business Office

City

State

Zip

7 Ricom Way

Providence

RI

02909

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-946-4640

RHODE ISLAND

7450

7. Brief Description of the Character of Business Conducted in Rhode Island

Interior and exterior commercial and residential cleaning services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Susan A. Creamer

Vice President Name

Joseph E. Creamer

Street Address

7 Ricom Way

Street Address

7 Ricom Way

City

State

Zip

Providence

RI

02909

City

State

Zip

Providence

RI

02909

Secretary Name

Susan A. Creamer

Treasurer Name

Joseph E. Creamer

Street Address

7 Ricom Way

Street Address

7 Ricom Way

City

State

Zip

Providence

RI

02909

City

State

Zip

Providence

RI

02909

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Joseph E. Creamer

Director Name

Susan A. Creamer

Street Address

7 Ricom Way

Street Address

7 Ricom Way

City

State

Zip

Providence

RI

02909

City

State

Zip

Providence

RI

02909

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

2000 SHARES NO PAR VALUE

2000

common

no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 9 8 6 *

File Date: 1/29/96

Check No.: 8530

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1/23/97

Signature of Officer

Date

Susan A. Creamer

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO. 64986
2 NAME OF CORPORATION COMPLETE CLEANING SYSTEMS, INC.
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 7 Ricom WAY
CITY PROVIDENCE STATE RI ZIP CODE 02909
4 BUSINESS PHONE NO. 401-946-4640
5 STATE OF INCORPORATION RHODE ISLAND
6 SIC CODE 7450

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
CARPET + UPHOLSTERY CLEANING SERVICES & SUPPLY SALES

8. NAMES AND ADDRESSES OF THE OFFICERS

| | |
|---|---|
| PRESIDENT NAME SUSAN CREAMER STREET ADDRESS 47 SPRUCE DR. CITY HOPE STATE RI ZIP CODE 02831 | VICE PRESIDENT NAME JOSEPH CREAMER STREET ADDRESS 47 SPRUCE DR. CITY HOPE STATE RI ZIP CODE 02831 |
| SECRETARY NAME SUSAN CREAMER STREET ADDRESS CITY STATE ZIP CODE | TREASURER NAME JOSEPH CREAMER STREET ADDRESS CITY STATE ZIP CODE |

9. NAMES AND ADDRESSES OF THE DIRECTORS

| | |
|--|--|
| DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE | DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE |
| DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE | DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE |

10. SHARES AUTHORIZED AND ISSUED

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|----------------|--------------|------------------|----------------|-----------|
| NUMBER OF SHARES | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 2000 | SHARES | NO PAR VALUE | NONE | NONE | NONE |

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 4/26/96
Check No: 7315
By: cc
For Secretary of State Use Only

Signature of Officer
SUSAN CREAMER
Print or Type Name of Officer
PRESIDENT
Title of Officer
3-11-96
Date



ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0054986 Annual Report for the year: 1995

Name of Corporation: COMPLETE CLEANING SYSTEMS, INC.

Business entity organized under the laws of the State of: R.I.
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
7 RICOM WAY
PROVIDENCE RI 02909

Brief statement of the character of business conducted in Rhode Island:

JANITORIAL SERVICES
CARPET CLEANING SERVICES

Phone: (401) 946-4640

THE NAMES OF THE OFFICERS ARE:

| OFFICER | STREET ADDRESS | CITY/STATE | ZIP CODE |
|--|---------------------|----------------|--------------|
| PRESIDENT <u>SUSAN A. CREAMER</u> | <u>47 SPRUCE DR</u> | <u>HOPE RI</u> | <u>02831</u> |
| VICE PRESIDENT <u>JOSEPH E. CREAMER</u> | <u>47 SPRUCE DR</u> | <u>HOPE RI</u> | <u>02831</u> |
| SECRETARY <u>SUSAN A. CREAMER</u> | | | |
| TREASURER <u>JOSEPH E. CREAMER</u> | | | |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| | | | |
| | | | |
| | | | |

NUMBER OF SHARES AUTHORIZED (Rider may be attached)
Number of Shares 2000 Class / Series no-par

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 2000 Class / Series no-par

Date Feb 15 19 95

By: Susan A Creamer
SUSAN A. CREAMER
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1995

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

EDWARD P. REIDY
2088 BROAD STREET
CRANSTON RI 02905

[Handwritten signature and initials]
6424

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations,
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401 277-3040

5652
\$50 7/2

File Annually
LLC Sept 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID: 0064986 Annual Report for the year 1994

Name of Business Entity: COMPLETE CLEANING SYSTEMS, INC.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

47 SPRUCE DR
HOPE R.I. 02831

Phone: 401 392-1212

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

SUSAN A. CREAMER
PRESIDENT
47 SPRUCE DR
HOPE R.I. 02831

Brief statement of the character of business conducted in Rhode Island

JANITORIAL * CARPET CLEANING
SERVICES

Date of Organization: 7/16/91 (PLP)

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (SEE RIGL 7-1.1) NAME: SUSAN A. CREAMER STREET ADDRESS: 47 SPRUCE DR CITY/STATE: HOPE RI ZIP CODE: 02831

CHIEF OPERATING OFFICER OR VICE PRESIDENT (SEE RIGL 7-1.1) NAME: JOSEPH E. CREAMER STREET ADDRESS: SAME CITY/STATE: SAME ZIP CODE: SAME

CLERK OF RECORDS OR SECRETARY (SEE RIGL 7-1.1) NAME: SUSAN A. CREAMER STREET ADDRESS: SAME CITY/STATE: SAME ZIP CODE: SAME

CHIEF FINANCIAL OFFICER OR TREASURER (SEE RIGL 7-1.1) NAME: JOSEPH E. CREAMER STREET ADDRESS: SAME CITY/STATE: SAME ZIP CODE: SAME

THE NAMES OF THE DIRECTORS ARE:

NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER: 2000

CLASS: Common

SERIES: _____

PAR VALUE OR WITHOUT PAR: _____

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER: _____

CLASS: N/A

SERIES: _____

PAR VALUE OR WITHOUT PAR: _____

Date: March 10 1994

By: Susan A. Creamer

SUSAN A. CREAMER
PRESIDENT

FILE OF FILING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

EDWARD P. REIDY
2088 BROAD STREET
CRANSTON RI 02905

FILED
APR 14 1994
By: ES

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0054986 Annual Report for the year 1993

FIRST: The name of the corporation is COMPLETE CLEANING SYSTEMS, INC.

SECOND: It is incorporated under the laws of STATE of RHODE ISLAND

THIRD: Character of business, briefly stated, is CLEANING SERVICES

FOURTH: If foreign corporation, address of its principal office _____

FIFTH: Business address in Rhode Island 47 SPRUCE DRIVE
HOPE RI 02831

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|-------------------------|----------------|--|
| | Director | |
| | Director | |
| | Director | |
| <u>SUSAN A CREAMER</u> | President | <u>47 SPRUCE DR HOPE RI 02831</u> |
| <u>JOSEPH E CREAMER</u> | Vice President | <u>47 SPRUCE DR HOPE RI 02831</u> |
| <u>SUSAN A CREAMER</u> | Secretary | <u>SAME</u> |
| <u>JOSEPH E CREAMER</u> | Treasurer | <u>SAME</u> |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|---------------|-----------------|--|
| <u>2000</u> | <u>COMMON</u> | <u>CCN 5055</u> | <u>NO PAR VALUE</u> |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

Rec'd & Filed APR 19 1993

Dated March 1 1993

Complete Cleaning Systems Inc
(Name of Corporation)

By Susan A Creamer

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

ck 268
R 13352 *GU*

Corporate ID 0058955 Annual Report for the year 1991

FIRST: The name of the corporation is COMPLETE CLEANING SYSTEMS, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is commercial and residential cleaning services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 166 Hope, RI 02831

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|----------------|----------------|--|
| Joseph Creamer | Director | 47 Spruce Drive, Hope, RI 02831 |
| Susan Creamer | Director | 47 Spruce Drive, Hope, RI 02831 |
| | Director | |
| Susan Creamer | President | Same As Above |
| Joseph Creamer | Vice President | Same As Above |
| Susan Creamer | Secretary | Same As Above |
| Joseph Creamer | Treasurer | Same As Above |

SEVENTH: Number of Shares authorized:

| No of Shares | Class | Series | Par Value or statement that shares are without par value |
|--------------|--------|--------|--|
| 2000 | Common | | No par value |

PAID
JAN 31 1992
SECY OF STATE

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | Common | | No par value |

Dated Jan 28 1992

COMPLETE CLEANING SYSTEMS, INC.
(Name of Corporation)

By Susan A. Creamer

Title President

(Report must be signed by an officer)