Edward S. Inman, III. Secretary of State Corporation Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

## AMENDED \*

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PJLASE READ INSTRUCTIONS

1. Corporate ID No. 71186 3. Street Address Principal Business Off	2. Name of Corpor	atlan			INSTRUCTIO
71186 3. Street Address Principal Business Off	•	ation	•		
3. Street Address Principal Business Off	ለፍር ሳ				
	U.E.S. U	leaning Service	, Inc.		
	Tce .		City	State	Zip
394 Tunk Hill Road			Hope	RI	02831
4. Business Phone No.		5. State of Incorporate	lon .		6. SIC Code
(401)828-5112 RHODE ISI 7. Bilef Description of the Character of Business Conducted in Rhode Island					7476
To engage in janito	orial, cle	aning and all b	usiness conducted	thereto.	
8. NAMES AND ADDRESSES	S OF THE OFF	ICERS ("X" BOX FOR AT		ES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		CHALKIS
Alfred Crudale, II	I		Alfred Crudale, III		
Street Address			Street Address		
394 Tunk Hill Road			394 Tunk Hill Road		
City	State	Zip	City	State	Zip
Hope	RI	02831	Норе	RI	02831
Secretary Name			Treasurer Name	NI	02031
Alfred Crudale, III	I		Alfred Cruda	דוד פו	
Street Address			Street Address	10, 111	
394 Tunk Hill Road			394 Tunk Hill	l Road	
City	State	Zip	City	State	**-
Hope .	RI	02831	Норе	RI	<sup>Ζιρ</sup> 02831
9. NAMES AND ADDRESSES				CES BEFORE USING AT	
Director Name		DOTORS IN BONTORY	Director Name	CES BEFORE USING AT	IACHMENTS
Alfred Crudale, III			None		
Street Address			Street Address		
394 Tunk Hill Road					
<u></u>	State	Zip	City	State	71-
Норе	RI	02831	,	J	Zip
Director Name		02002	Director Name		
None			None		
Street Address			Street Address		
Thy the state of t	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*	'X * BOX FOR ATT	ACHMENT)	11 CUADEC ICCUED	. (	
NUTHORIZED SHARES			11. SHARES ISSUED ("X" ROX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	n and a
8,000 NO PAR VALUE			·		Par Value
O TOOU INC. FAIR VALUE			200	Common	NO PAR VALUE

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

	Under penalty of perfury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	that all statements contained herein are true and correct.  Officer Tudal 1 Date  Signature of Officer Date
Check No.:	ALFRED CRUDALE, III
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer PRESIDENT
3	Title of Officer