



State of Rhode Island

Department of State - Business Services Division

FILED STAMP
 JAN 18 2021
 2514
STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 PROVIDENCE, RI 02882

Annual Report for the year: 2021
 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 000126882		2. Exact name of the Corporation STERNLIEB CLEANING, INC.			
3. Principal Office Address 82 Hawthorne Avenue, P.O. Box 3782			City Cranston	State RI	Zip 02910
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island HOME AND OFFICE CLEANING BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL STERNLIEB			Vice-President Name MICHAEL STERNLIEB		
Street Address P.O. Box 3782			Street Address P.O. Box 3782		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name MICHAEL STERNLIEB			Treasurer Name MICHAEL STERNLIEB		
Street Address P.O. Box 3782			Street Address P.O. Box 3782		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 SHARES	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 MICHAEL STERNLIEB				Date 1/11/2021	
Signature of Authorized Representative 					