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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 04 2021
BY 33776

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	2. Exact name of the Corporation		
535344	DYNAMIC CLEANING, INC.		
3. Principal Office Address	City	State	Zip
6 HIGH STREET #6	PLAINVILLE	MA	02762
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
236118	DISASTER RESTORATION		
5. State of Incorporation			
MASSACHUSETTS			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name WILLIAM SWEENEY			Vice-President Name WILLIAM SWEENEY		
Street Address 6 HIGH STREET #6			Street Address 6 HIGH STREET #6		
City PLAINVILLE	State MA	Zip 02762	City PLAINVILLE	State MA	Zip 02762
Secretary Name WILLIAM SWEENEY			Treasurer Name WILLIAM SWEENEY		
Street Address 6 HIGH STREET #6			Street Address 6 HIGH STREET #6		
City PLAINVILLE	State MA	Zip 02762	City PLAINVILLE	State MA	Zip 02762

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name WILLIAM SWEENEY			Director Name		
Street Address 6 HIGH STREET #6			Street Address		
City PLAINVILLE	State MA	Zip 02762	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	PAR VALUE
1,000	CNP	NO PAR

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	Date
WILLIAM SWEENEY, PRESIDENT	1/27/21

Signature of Authorized Representative

William Sweeney

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020