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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 04 2021
BY

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
1685663	Austin Window Cleaning, Inc.

3. Principal Office Address	City	State	Zip
77 Arland Drive	Pawtucket	RI	02861

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561720	TO PROVIDE WINDOW CLEANING SERVICES TO THE GENERAL PUBLIC
5. State of Incorporation: Rhode Island	

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

President Name: Austin Lapierre			Vice-President Name: Vacant		
Street Address: 77 Arland Drive			Street Address:		
City: Pawtucket	State: RI	Zip: 02861	City:	State:	Zip:
Secretary Name: Austin Lapierre			Treasurer Name: Austin Lapierre		
Street Address: 77 Arland Drive			Street Address: 77 Arland Drive		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861

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

Director Name: Austin Lapierre			Director Name:		
Street Address: 77 Arland Drive			Street Address:		
City: Pawtucket	State: RI	Zip: 02861	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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	10	COMMON	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
AUSTIN LAPIERRE	1/15/2021

Signature of Authorized Representative: Austin Lapierre

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