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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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FEB 05 2021
BY
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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			
99217	STEAMPRO, INC.			
3. Principal Office Address		City	State	Zip
P.O. Box 8676		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561740	Conducting of general cleaning business and carpet cleaning for home, office and industrial cleaning of all types and descriptions.			
5. State of Incorporation				
Rhode Island				

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

President Name: Robert Gambardelli			Vice-President Name: Robert Gambardelli		
Street Address: P.O. Box 8676			Street Address: P.O. Box 8676		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Robert Gambardelli			Treasurer Name: Robert Gambardelli		
Street Address: P.O. Box 8676			Street Address: P.O. Box 8676		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

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

Director Name: Robert Gambardelli			Director Name: N/A		
Street Address: P.O. Box 8676			Street Address:		
City: Cranston	State: RI	Zip: 02920	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	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	Date
Robert Gambardelli, President	✓ 1/25/21

Signature of Authorized Representative: ✓ [signature] SIGN DOCUMENT HERE

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: 10/2017