



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
 Corporation

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 BUS SVCS DIV

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- 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 000125107		2. Exact name of the Corporation MILSHAS CLEANING SERVICES, INC.			
3. Principal Office Address 208 Japonica ST		City Pawtucket		State RI	Zip 02860
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island PROVING JANITORIAL SERVICES (COMMERCIAL AND RETAIL) IN RI, MA AND CT.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Silva			Vice-President Name Sidney Silva		
Street Address 208 Japonica St			Street Address 208 Japonica St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Sidney Silva			Treasurer Name Antonio Silva		
Street Address 208 Japonica St			Street Address 208 Japonica St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Silva			Director Name Antonio Silva		
Street Address 208 Japonica St			Street Address 208 Japonica St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Antonio Silva			Director Name Antonio Silva		
Street Address 208 Japonica St			Street Address 208 Japonica St		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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
		0			
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 Antonio Silva					Date 2/11/21
Signature of Authorized Representative Antonio Silva					

FILED

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

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