



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
CorporationRECEIVED
R.I. DEPT. OF STATE
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 <u>000125107</u>		2. Exact name of the Corporation <u>Mileshas cleaning services, Inc</u>	
3. Principal Office Address <u>208 Japonica ST</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
4. NAICS Code <u>561720</u>	6. Brief description of the character of business conducted in Rhode Island <u>Providing Janitorial services (Commercial and Retail) IN RI, MA AND CT.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Antonio Silva</u>		Vice-President Name <u>Sidney Silva</u>	
Street Address <u>208 Japonica St</u>		Street Address <u>208 Japonica St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>Sidney Silva</u>		Treasurer Name <u>Antonio Silva</u>	
Street Address <u>208 Japonica St</u>		Street Address <u>208 Japonica St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Antonio Silva</u>		Director Name <u>Antonio Silva</u>	
Street Address <u>208 Japonica St</u>		Street Address <u>208 Japonica St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Director Name <u>Antonio Silva</u>		Director Name <u>Antonio Silva</u>	
Street Address <u>208 Japonica St</u>		Street Address <u>208 Japonica St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		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 <u>Antonio Silva</u>			Date <u>2/11/21</u>
Signature of Authorized Representative <u>Antonio Silva</u>			

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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