RI SOS Filing Number: 202192107950 Date: 2/17/2021 4:00:00 PM

State of Rhode Isla Department of	_{and} of State - Busi	ness Services	Division					
Annual Report for the Corporation		_ FEB 1 7 2021 STOPPED						
 → Filing period: Januar → Filing Fee: \$50.00 → Penalty: Additional \$2 	Division FEB 1 7 2021 STATE OF THE PROPERTY OF							
Entity ID Number	2. Exact na	me of the Corporati	on				 -	
000103155	Clean Ri	Clean Rite Cleaning Co.						
3. Principal Office Address	City	City State Zip						
1305 B Kingstown Road			S. Kingstown		l _{RI}	RI 02879		
4. NAICS Code	6. Brief des	cription of the chara		er of business conducted in Rhode Island				
561740	residenti	residential & commercial janitorial cleaning services, water/fire/mold clean up						
5. State of Incorporation								
Rhode Island								
7 List ALL officers (names a	and addresses)	- 	 -		Check the box t	o indicate an atta	chment Ti	
President Name Gregory Raso	Vice-President Name Marianna Zotos							
Street Address 227 Biscuit City Road			Street Address 227 Biscuit City Road					
Charlestown	State RI	Zip 02813	City Charlestown		State RI	Zip 028	13	
Secretary Name			Treasurer Na	ame		-		
Street Address		<u> </u>	Street Addre	?ss	 			
City	State	Žip	City		State	State Z _I p		
8 List ALL directors (names	and addresses)			(Check the box t	o indicate an atta	achmen!	
Director Name			Director Nan					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address	Street Addre	Street Address						
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	sued		Check the box t	o indicate an atta	chment 🗀	
This information is currently of record in the Department of State. Changes require an additional filing.		NLVBER	OF SHARES CLASS/		S/SERIES	S PAR VALUE		
		500	500			\$1.00		
	<u> </u>							
 This report must be executivistee, this report must be in 	executed on behalf	of the corporation by	y the receiver or	trustee.				
Under penalty of perjury, i statements, and that all st	declare and affirm	n that I have exami	ned this report,	including any	accompanying	schedules and		
Name of Authorized Repres	a comect.		Date					
Signature of Authorized Rep	resentative				2	-12-21) 	
5	Giran	ne Roso						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov