



RI SOS Filing Number: 202193300620 Date: 2/26/2021 4:00:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Corporation Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 110217		2. Name of Corporation LYNCH'S CLEANING SERVICE, INC.			
3. Street Address Principal Business Office P.O. Box 8239			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-464-8937		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM CLEANING SERVICES.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☒ FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Shawn G. Lynch			Vice President Name Shawn G. Lynch		
Street Address P.O. Box 8239			Street Address P.O. Box 8239		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Shawn G. Lynch			Treasurer Name Shawn G. Lynch		
Street Address P.O. Box 8239			Street Address P.O. Box 8239		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☒ FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	common	no par value	-100-	common	no par value
			THIS SECTION MUST BE COMPLETED		

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.



110217

FILED**FEB 26 2021****24110**

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.

X
Signature
Shawn G. Lynch

Date

2/15/2021

Print or Type Name

President

Title