



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2012- AMENDED  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 MAR 12 PM 12:30

1. Entity ID Number 000013243		2. Exact name of the Corporation SPECIALTY CLEANSING CO.			
3. Principal Office Address 950 Smith Street			City Providence	State RI	Zip 02908
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island Retail Cleanser & Laundering			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOHN FARGNOLI			Vice-President Name JOHN FARGNOLI		
Street Address 1241 Smith Street			Street Address 1241 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name JOHN FARGNOLI			Treasurer Name JOHN FARGNOLI		
Street Address 1241 Smith Street			Street Address 1241 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			600	COMMON	\$10.00
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 JOHN FARGNOLI				Date 3/8/21	
Signature of Authorized Representative 					

**FILED** M



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 12, 2021 12:30 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

