



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019 - 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 3.12.21
 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 1241 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 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 |
| | | | 600 | | COMMON |
| | | | PAR VALUE | | \$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 | | | | | |

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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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". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

