RI SOS Filing N	umber: 2021	196690610	Date: 5/1	8/2021 11:13:0	0 AM		
State of Rhode Island							
Department of Sta	ite - Busine:	ss Services D	ivision				
Annual Report for the ye	ar: 🐊	021			05051	. E. F.	
Corporation —————			L RECEIVED R.I. DEPT. OF STATE				
→ Filing period: January 1 - March 1			BUS SVSS DIV				
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.							
Entity ID Number 2. Exact name of the Corporation			2021 MAY 18_AM LI: 10				
1684373		I Do DIA	2+ INC	• ••• •			
3 Principal Office Address			City		State	Zip	
599 Arnold Ra			Cov	en try	K	02816	
4 NAICS Code				conducted in Rhade	Island		
561720 Cleaning Company							
5. State of Incorporation		. . (3)	, ,				
7 List ALL officers (names and addresses)				Chec	k the box to ind	icate an attachment	
President Name David LaMountain			Vice-Preside	nt Name	THE BOX TO THE	icate on attachment	
Greet Address Leuba Rd			Street Address				
City	State a = Zip				State	Zip	
Secretary Name	STATE RI	02816	City				
Alex- Sousa				Treasurer Name			
Street Address			Street Address				
35 Home St State on Izin			City				
West Warwie K	State AI	Zip 02893	City		State	Zip	
8. List ALL directors (names and ad Director Name A			10:		k the box to indi	icate an attachment 🔲	
Man Sylvan			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
					State	Zip	
Director Name			Director Nam	e		· · · · · · · · · · · · · · · · · · ·	
Street Address			Street Address				
City State							
	Slate	Zip	City		State	Zip	
9. Shares Authorized		10 Shares Issue		Check	the box to indi	cate an attachment	
Department of State.		NUMBER OF SH			S PAR VALUE		
		18,000,0	00	A-		,004	
				-			
11. This report must be executed on	behalf of the cor	poration by an auti	orized repre	sentative. If the corpo	oration is in the	hands of a receiver or	
trustee, this report must be executed Under panalty of perjury, I declare	and affirm that	I have examined	this report.	rustee Including anv accor	nnanvino sche	dules and	
statements, and that all statement Name of Authorized Representative	s contained her	rein are true and c	orrect.				
· ·	10 I- 2	`			Date 5/17	$\int V$	
اری کے دن ایک ایک ایک کا ایک ایک کا ایک ک Signature of Authorized Representation (Control of Authorized Representation)		7			2/1/	10-1	
G. Maior of Florida in Strategic frequency		/		je n c			
)		
IAIL TO: Evision of Business Services				世 かくびか	• //	73 Total Revision in 2015	
48 W. River Street, Providence, Rhode Is	dand 02904-2615			MAY 18 20	21	,	
hane: (401) 202-3040 Jebsite: www.sos.ri.gov				a h. /.		Met a li Revisien au ada.	
			RV	` <i>\\</i> ''/\\/ <i>\\</i>	' 1/ /l		