

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAY 21 AM 11:28
 2021 MAY 24 PM 2:51
 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year:

Corporation 2021

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

1. Entity ID Number 001677863		2. Exact name of the Corporation THE CLEANING PEOPLE INC.			
3. Principal Office Address 63 ENFIELD STREET			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island CLEANING BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name CHAD T VILLELLA			Vice President Name MOHAMED M ABOUENEEN		
Street Address 63 ENFIELD STREET			Street Address 20 ORLEANS STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name CHAD T VILLELLA			Treasurer Name CHAD T VILLELLA		
Street Address 63 ENFIELD STREET			Street Address 63 ENFIELD STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1,000	CLASS/SERIES Common	PAR VALUE 1.000	
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 CHAD T VILLELLA					Date 5/15/21
Signature of Authorized Representative <i>Chad T. Villella</i>					FILED

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov
 9W4857 1 000

MAY 24 2021
 BY *AAQ03*
 Add. Revised 10/2017
 35.00