



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:  
Corporation2019RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 DEC 22 AM 11:23

- 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 000904088		2. Exact name of the Corporation Sea Star Janitorial Services, Inc												
3. Principal Office Address 47 Cotter St		City Pawtucket		State RI	Zip 02860									
4. NAICS Code 81-Other Services		6. Brief description of the character of business conducted in Rhode Island Janitorial Services												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Rogerio Fortes			Vice-President Name Rogerio Fortes											
Street Address P.O. Box 124			Street Address P.O. Box 124											
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Roger Fortes			Director Name Roger Fortes											
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 <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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	Common	No Par Value												
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. <b>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.</b>														
Name of Authorized Representative Rogerio Fortes				Date 11-29-2021										
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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FORM 630 - Revised: 08/2020