



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 09 2022

EX 1007 DS

1. Entity ID Number 1685663		2. Exact name of the Corporation Austin Window Cleaning, Inc.			
3. Principal Office Address 77 Arland Drive		City Pawtucket		State RI	Zip 02861
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE WINDOW CLEANING SERVICES TO THE GENERAL PUBLIC			
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 Austin Lapierre			Vice-President Name Vacant		
Street Address 77 Arland Drive			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Austin Lapierre			Treasurer Name Austin Lapierre		
Street Address 77 Arland Drive			Street Address 77 Arland Drive		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Austin Lapierre			Director Name		
Street Address 77 Arland Drive			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		CLASS/SERIES
			10		COMMON
					PAR VALUE
					NO PAR
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 AUSTIN LAPIERRE					Date 2/18/2022
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

FORM 630 - Revised: 11/2021