



State of Rhode Island

## Department of State - Business Services Division

**FILED**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.

APR 25 2022  
BY *[Signature]*

|   |             |  |                      |                    |  |
|---|-------------|--|----------------------|--------------------|--|
| 1. Entity ID Number<br>001341081  |             | 2. Exact name of the Corporation<br>M & D CLEANING SERVICES LTD  |                      |                    |  |
| 3. Principal Office Address<br>1578 BEACON HILL RD  |             |  | City<br>BLOCK ISLAND | State<br>RI        | Zip<br>02807   |
| 4. NAICS Code<br>561720   |             | 6. Brief description of the character of business conducted in Rhode Island<br>COMMERCIAL AND RESIDENTIAL CLEANING |                      |                    |  |
| 5. State of Incorporation<br>RHODE ISLAND   |             |  |                      |                    |  |
| 7. List ALL officers (names and addresses)  |             |  |                      |                    | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br>VIVIAN DONIS  |             |  | Vice-President Name  |                    |  |
| Street Address<br>1578 BEACON HILL ROAD   |             |  | Street Address       |                    |  |
| City<br>BLOCK ISLAND  | State<br>RI | Zip<br>02807   | City                 | State              | Zip  |
| Secretary Name  |             |  | Treasurer Name       |                    |  |
| Street Address  |             |  | Street Address       |                    |  |
| City  | State       | Zip  | City                 | State              | Zip  |
| 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.<br><br>Changes require an additional filing.  |             | Check the box to indicate an attachment <input type="checkbox"/>   |                      |                    |  |
|   |             | NUMBER OF SHARES<br>75   | CLASS SERIES<br>CNP  | PAR VALUE<br>00.00 |  |
| 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<br>VIVIAN DONIS   |             |  |                      | Date<br>04/20/2022 |  |
| Signature of Authorized Representative<br><i>Vivian Donis</i>   |             |  |                      |                    |  |

## MAIL TO:

Division of Business Services

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