



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation \_\_\_\_\_

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BUS SVCS DIV

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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000047018</b>		2. Exact name of the Corporation <b>HI-TECH CARPET CLEANING CONCEPTS INC</b>			
3. Principal Office Address <b>106 CROSS ST EXT UNIT 12</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
4. NAICS Code <b>561740</b>		6. Brief description of the character of business conducted in Rhode Island <b>Upholstery and Carpet Steam Cleaning</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Frank P Ritacco</b>			Vice-President Name <b>Patrick J Piccolo</b>		
Street Address <b>216 High St</b>			Street Address <b>43 Quannacutt Rd</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Frank P Ritacco</b>			Treasurer Name <b>Patrick J Piccolo</b>		
Street Address <b>216 High St</b>			Street Address <b>43 Quannacutt Rd</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Frank P Ritacco</b>			Director Name <b>Patrick J. Piccolo</b>		
Street Address <b>216 High St</b>			Street Address <b>43 Quannacutt Rd</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	
		<b>200</b>		<b>- 07</b>	
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 <b>Robert J. Aspmann</b>				Date <b>12-21-22</b>	
Signature of Authorized Representative <i>[Signature]</i>					

FILED