



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.

RECEIVED **STAMP**
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN -3 PM 2:42

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

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

JAN 03 2023
BY ml QS193
2:43
FORM 630 - Revised: 11/2021