RI SOS Filing Number: 202327157490 Date: 1/31/2023 4:00:00 PM

Annual Report for the Corporation	year:	<u> </u>	· 	FILED		
Filing period: January 1	- March 1			JAN 31 2023		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.0	0 fee if form is n	ot filed by April 1		BY 115 18		
Entity ID Number 2. Exact name of the Corporation			tion			
OOOOO 1760 3 Principal Office Address	3	G CLE	ANING C	WORNY 1	Y C.	
3 Principal Office Address			City	State Marcan	133-77	
1/3 00/0	1/5-6-	TUHN	CACD NEL	State	112852	
Sソンノッショ	6. Brief desc	cription of the char	acter of business conduct:	ted in Rhode Island		
State of Incorporation	Mills	: HU DI	COPESSUM140	+ CLEANING &		
C.E.	17/17/14	TENIFACE	- SERVICES	•		
7. List ALL officers (names and	addresses)		-	Check the box to indica	te an attachment.	
President Name	bill AM	x	Vice-President Name	•		
Street Address			Street Address	Street Address		
City NOOP ARKAS	State	(21) 12/1/6 /	R Z D	State	Z.p	
Mack Alekels	127	r 078	S-2- 5"	State	2.0	
Secretary Name	7		Treasurer Name			
Street Address			Stree: Adoress	Stree: Adoress		
City	State	Žo	City	State	Zıp	
8. List ALL directors (names an	d addresses)			Check the box to indica	ite an attachment	
Director Name			Director Name	-		
Street Address			Street Address	Street Address		
City	State	Zip	City	S:ate	Zip	
Director Namo			Director Name		<u> </u>	
Street Address			Stree: Address	Stree: Address		
Cly	State	Zip	City	S:ate	Zio	
9 Shares Authorized	l	10. Shares	Issued	Check the boy to indica	ala an altachman. F	
This information is currently of record in the Department of State.			H OF SHARES	C. ASSISERIES	Check the box to indicate an attachment Sistrics CAR VALUE	
Changes regulre an additional filing.			cice		0	
				ive. If the corporation is in the F	nands of a receiver of	
Irustee, this report must be exe Under penalty of parjury, I de	eclare and effire	n that I have ^r exal	mined this report, includ	i. Iling any accompanying schei	dules and	
statements, and that all state Name of Authorized Represen	ements contain	ad herein are true	end correct. 🤼 🤨	•		
Beine M Halland Signature, of Authorized Representative Liver III Halland				Date //14/20 33.		
Signature of Authorized Repre	sentative		 		· · · · · · · · · · · · · · · · · · ·	
Burner 1160	Klall	/	•			
	y we laure		··-			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.scs.ri.gov