



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

FEB 21 2023 7:11 AM

BY

1. Entity ID Number 000098539		2. Exact name of the Corporation Crystal Clear Cleaning Co., Inc.			
3. Principal Office Address 86 Balsam Road			City South Kingstown	State RI	Zip 02879
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island Operation of a residential and commercial cleaning service.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa G. Sardelli			Vice-President Name Victor C. Sardelli		
Street Address P.O. Box 172			Street Address P.O. Box 172		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Lisa G. Sardelli			Treasurer Name Victor C. Sardelli		
Street Address P.O. Box 172			Street Address P.O. Box 172		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lisa G. Sardelli			Director Name Victor C. Sardelli		
Street Address P.O. Box 172			Street Address P.O. Box 172		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE None
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 Lisa G. Sardelli, President				Date 2/18/2023	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov