



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.

STAMP
MAR 09 2023
33108

1. Entity ID Number 000099217		2. Exact name of the Corporation STEAMPRO, INC.			
3. Principal Office Address P.O. Box 8676		City Cranston		State RI	Zip 02920
4. NAICS Code 561740		6. Brief description of the character of business conducted in Rhode Island Conducting of general cleaning business and carpet cleaning for home, office and industrial cleaning of all types and descriptions.			
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 Robert Gambardelli			Vice-President Name Robert Gambardelli		
Street Address P.O. Box 8676			Street Address P.O. Box 8676		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Robert Gambardelli			Treasurer Name Robert Gambardelli		
Street Address P.O. Box 8676			Street Address P.O. Box 8676		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Gambardelli			Director Name		
Street Address P.O. Box 8676			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
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		PAR VALUE
			200	Common	No Par Value
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. <i>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.</i>					
Name of Authorized Representative Robert Gambardelli, President				Date ✓ 2/25/23	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov