


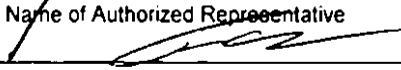
State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAR 14 2023
BY 4487


| | | | | | |
|---|---|--|--------------------------------------|--------------|---|
| 1. Entity ID Number 000787700 | | 2. Exact name of the Corporation RESTAURANT PRO-CLEAN, INC. | | | |
| 3. Principal Office Address 12 SWEET FERN LANE | | | City COVENTRY | State RI | Zip 02816 |
| 4. NAICS Code 561720 | 6. Brief description of the character of business conducted in Rhode Island | | | | |
| 5. State of Incorporation RI | JANITORIAL SERVICES | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment |
| President Name KAROL FAU | | | Vice-President Name | | |
| Street Address 12 SWEET FERN LANE | | | Street Address | | |
| City COVENTRY | State RI | Zip 02816 | City | State | Zip |
| Secretary Name KAROL FAU | | | Treasurer Name KAROL FAU | | |
| Street Address 12 SWEET FERN LANE | | | Street Address 12 SWEET FERN LANE | | |
| City COVENTRY | State RI | Zip 02816 | City COVENTRY | State RI | Zip 02816 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment |
| Director Name KAROL FAU | | | Director Name | | |
| Street Address 12 SWEET FERN LANE | | | Street Address | | |
| City COVENTRY | State RI | Zip 02816 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | Check the box to indicate an attachment | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | 100 | | COMMON | |
| 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. | | | | | |
| 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  | | | | | Date 3/10/2023 |
| Signature of Authorized Representative KAROL FAU | | | | | |

MAIL TO:

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov