RISOS Filing Number: 202331052220 Date: 3/14/2023 4:00:00 PM

State of Rhode Island

Annual Report for the year:

Department of State - Business Services Division

O0.0787700 RESTAURANT PRO-CLEAN INC. State Zip COVENTRY State Zip O2.816	Annual Report for the year: 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 1 4 2023 BY 4487					
Secretary Name KAROL FAU State Zip Coventry State Zip C	Entity ID Number	2. Exact name of	the	Corporation							
1	000787700	RESTAURA	IL	PRO-CLEAN	, INC.	INC.					
4. NAICS Code 561720 5 State of Incorporation RI JANITORIAL SERVICES 7. List ALL officers (names and addresses)						State	Zip				
4. NAICS Code 561720 5 State of Incorporation RI JANITORIAL SERVICES 7. List ALL officers (names and addresses)	12 SWEET FERN L		COVENTRY			RI	02816				
5 State of Incorporation RI JANITORIAL SERVICES 7 List ALL officers (names and addresses)	4 NAICS Code	6. Brief description	on o	the character of busi	ness conduct	ed in Rhode Island					
RI	561720										
President Name	5 State of Incorporation										
President Name	RI	JANITORI	AI	SERVICES							
Vice-President Name											
Street Address Street Address		· -									
Street Address	KAROL FAU										
City	Street Address	· <u></u>			Street Address						
COVENTRY	12 SWEET FERN L	ANE									
Treasurer Name	City	State	Zıp		City		State		Zıp		
KAROL FAU	COVENTRY	RI	02816		<u> </u>		<u> </u>				
Street Address 12 SWEET FERN LANE 12 SWEET FERN LANE	Secretary Name		Treasurer Name								
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City						Street Address					
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Street Address City State Zip City State Zip City State Zip State Zip Oneck the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIFS PAR VALUE] RI	KI 1 0281		Director Name		<u>l., .</u>				
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	Department of State.			NUMBER OF SE	COMMON		FS		PAR VALUE		
Department of State. 100 COMMON				100							
Changes require an additional filing.	Changes require an additional	filing.									
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	11. This report must be executed	on behalf of the co	офо	ration by an authorize	d representat	ive. If the corporation	is in the h	ands 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	, , , , , , , , , , , , , , , , , , , ,				-	ort, including any	accompa	anying :	schedules and		
statements, and that all statements contained herein are true and correct.			ned	<u>herein are true an</u>	d correct.		- ,				
Name of Authorized Representative Date 3/10/2023	14012000										
Signature of Authorized Representative	Signature of Australia 2	- Anti-		· 					MOLLOLD		

MAIL TO:

Division of Business Services

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

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

KAROL FAU

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