

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
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.		NUMBER OF SHARES		CLASS/SERIS	
		100		COMMON	
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
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