State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fo	ee if form is not fil	ed by May 31.		ZUZB MAR	3 5A 🗗 1	i: 47	
Entity ID Number Exact name of the Corporation							
001681274	Sterlin	19 Servi	ces, .	Inc.			
3 Principal Office Address	AVR.	J	lCity	dence	State R. I	D2909	
4 NAICS Code	6 Brief description	n of the character	<u> </u>			. 00,0	
6. Brief description of the character of business conducted in Rhode Island Cleaning Cleaning							
7. List ALL officers (names and add					<u>=</u>		
President Name				Check the box to indicate an attachment Vice-President Name			
Erich E. Interiano							
Street Address Sterling AV	· 9		Street Address	S			
125 skrling AV	State Z. I.	02909	City		State	Zip	
Secretary Name		10000	Treasurer Nan	пе	<u></u>	_1	
Street Address			Street Address	s			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad	dresses)	<u> </u>	<u> </u>	Check t	he hox to indu	rate an attachment [7]	
Director Name							
Street Adaress			Street Address	s	· ·-		
City	State	Zip	City		State	Zip	
Director Name	<u> </u>	<u> </u>	Director Name	;			
Street Address			Street Address	s			
City	State	Zip	City		State	Zip	
9. Shares Authorized	·	10. Shares Issue	<u>. </u>	Check t	he hay to indic	cate an attachment 🔲	
This information is currently of recor	d in the	NUMBER OF SH		CLASS/SERIES	TIC DOX TO ITIDIO	PAR VALUE	
Department of State. Changes require an additional filing.		75	<u> </u>	CMD		0.01	
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							
XETT		FILED 03-24-2023					
Signature of Authorized Representative MAR 2 4 2023							
7.00							

MAIL TO:

Division of Business Services

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

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