RI SOS Filing Number: 202332194910 Date: 3/31/2023 4:00:00 PM

ite of Rhode Island

epartment of State - Business Services Division

Report for the year:

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ing period. February 1 - May 1

ding Fee \$50.00

Penalty Additional \$25.00 fee if form is not filed by May 31

MAR 3 1 2023 11241

1 Entity ID North as	To 5								
Entity D Number 2 Exact name of the Corporation SAFE N CLEAR INC									
3 Principal Office Address				City			State	Zip	
PO BOX 1961				LDAVIDSON			NC	28036	
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island								
339900									
5. State of Incorporation									
NC MEDICAL FACE MASK									
7 List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name					Vira President Name				
ANNE MCINTOSH PUCKETT					VICE T TESIGERIC MATTE				
Street Address				Street Address					
PC BOX 1961									
City	State	Zip	 _	City		State	ľ	Zip	
DAVIDSON	NC	1 .	8036-1961	••••		Otate		Σiβ	
Secretary Name	1	1 -	19000	Treasurer Name					
Street Address ,				Street Address					
City	State Zip)	City		State		Zıp	
R List All dispetase (names and address a)									
List ALL directors (names and addresses) Director Name					Check the box to indicate an attachment				
					Director Name				
Street Address					Street Address				
				Silver richiess					
City	State	State Zip		City		State		Zip	
	ļ			' '		51515		·r	
Director Name			··	Director Name					
Street Address				Street Address					
City	State	Zıp	1	City		State		Zip	
9. Shares Authorized	·		10. Shares Issued		Che	ck the hox	to indica	te an attachment	
This information is currently of record in the Department of State.			NUMBER OF S					PAR VALUE	
			800					0	
Changes require an additional				-	<u>-</u>				
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									
Hume Minutost							10-1	14-5053	
Signature of Authorized Representative									
ANNE MOINTOSH									

MAIL TO:

Division of Business Services

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

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