



State of Rhode Island

## Department of State - Business Services Division

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.

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 BUSINESS SERVICES DIVISION

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| 1. Entity ID Number<br><b>001740300</b>   |                    | 2. Exact name of the Corporation<br><b>GIRON CLEANING SERVICES INC</b>                                  |  |                    |                           |                  |              |           |           |            |              |  |  |  |
|---|--------------------|---|--|--------------------|---------------------------|------------------|--------------|-----------|-----------|------------|--------------|--|--|--|
| 3. Principal Office Address<br><b>84 SIMMONS STREET 2ND FLOOR</b>   |                    |   | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02909</b>       |                  |              |           |           |            |              |  |  |  |
| 4. NAICS Code<br><b>561720</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>CLEANING SERVICES</b> |  |                    |                           |                  |              |           |           |            |              |  |  |  |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                    |   |  |                    |                           |                  |              |           |           |            |              |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |  |                    |                           |                  |              |           |           |            |              |  |  |  |
| President Name<br><b>IRIS GIRON</b>   |                    |   | Vice-President Name  |                    |                           |                  |              |           |           |            |              |  |  |  |
| Street Address<br><b>84 SIMMONS STREET 2ND FLOOR</b>  |                    |   | Street Address   |                    |                           |                  |              |           |           |            |              |  |  |  |
| City<br><b>PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02909</b>   | City   | State              | Zip                       |                  |              |           |           |            |              |  |  |  |
| Secretary Name  |                    |   | Treasurer Name   |                    |                           |                  |              |           |           |            |              |  |  |  |
| Street Address  |                    |   | Street Address   |                    |                           |                  |              |           |           |            |              |  |  |  |
| City  | State              | Zip   | City   | State              | Zip                       |                  |              |           |           |            |              |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |  |                    |                           |                  |              |           |           |            |              |  |  |  |
| Director Name   |                    |   | Director Name  |                    |                           |                  |              |           |           |            |              |  |  |  |
| Street Address  |                    |   | Street Address   |                    |                           |                  |              |           |           |            |              |  |  |  |
| City  | State              | Zip   | City   | State              | Zip                       |                  |              |           |           |            |              |  |  |  |
| Director Name   |                    |   | Director Name  |                    |                           |                  |              |           |           |            |              |  |  |  |
| Street Address  |                    |   | Street Address   |                    |                           |                  |              |           |           |            |              |  |  |  |
| City  | State              | Zip   | City   | State              | Zip                       |                  |              |           |           |            |              |  |  |  |
| 9. Shares Authorized  |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |                           |                  |              |           |           |            |              |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |   | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>75</b></td> <td><b>CNP</b></td> <td><b>00.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                    |                           | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>75</b> | <b>CNP</b> | <b>00.00</b> |  |  |  |
|   |                    |   | NUMBER OF SHARES   | CLASS/SERIES       | PAR VALUE                 |                  |              |           |           |            |              |  |  |  |
| <b>75</b>   | <b>CNP</b>         | <b>00.00</b>  |  |                    |                           |                  |              |           |           |            |              |  |  |  |
|   |                    |   |  |                    |                           |                  |              |           |           |            |              |  |  |  |
|   |                    |   |  |                    |                           |                  |              |           |           |            |              |  |  |  |
| 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. |                    |   |  |                    |                           |                  |              |           |           |            |              |  |  |  |
| <b>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.</b>                                       |                    |   |  |                    |                           |                  |              |           |           |            |              |  |  |  |
| Name of Authorized Representative<br><b>IRIS GIRON</b>  |                    |   |  |                    | Date<br><b>04/04/2023</b> |                  |              |           |           |            |              |  |  |  |
| Signature of Authorized Representative<br>  |                    |   |  |                    |                           |                  |              |           |           |            |              |  |  |  |

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FORM 630 - Revised: 2/2023