RI SOS Filing Number: 202336511740 Date: 6/1/2023 4:00:00 PM

Department of State - Business Services Division

Annual Report for the ye	JUN 01 2023 BY 1434					
Corporation						
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 						
1. Entity ID Number				V)		
001731592	Queens	Of Clean, Inc	•			
3. Principal Office Address			City		State	Zip 02920
353 Garden City Drive			Cranston		RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island					
561720	Cleaning Company					
5. State of Incorporation	1					
RI To de la constant	(d			Chack	the boy to in	dicate an attachment
7. List ALL officers (names and ad			Vice-President	Namo		
Ilmothy A. Co	Leonard F.Costa Jr.					
Street Address 353 Garden City Drive			Street Address 66 Vermont Street			
^{City} Cranston	State RI	^{Zip} 02920	City Cranston		State RI	^{Zip} 02920
Secretary Name Mary B. Costa			Treasurer Name Timothy A. Costa			
Street Address 66 Vermont Str	Street Address 353 Garden City Drive					
^{City} Cranston	State RI	^{Zip} 02920	^{City} Cranston		State RI	^{Zip} 02920
8. List ALL directors (names and a	ddresses)		1	Check	the box to in	ndicate an attachment 🔲
Director Name Mary B. Costa	Director Name Leonard F.Costa Jr.					
Street Address 66 Vermont St	Street Address 66 Vermont Street					
City Cranston	State RI	^{Zip} 02920	City Cranston		State RI	^{Zip} 02920
Director Name Timothy A. Costa			Director Name			
Street Address 353 Garden Ci	Street Address					
City Cranston	State RI	^{Zip} 02920	City	- "-	State	Zip
9. Shares Authorized		10. Shares Issu			heck the box to indicate an attachment SERIES PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.			1000 (<u>s</u>	\$0.01
						-
11. This report must be executed	on behalf of the	corporation by an au	thorized repres	sentative. If the corp.	oration is in t	he hands of a receiver or
Itrustee, this report must be execu	ited on behalf of	the corporation by the	se receiver or tr	ustee.		
Under penalty of perjury, I deci-	are and affirm (that I have examined becall are true and	d this report, it correct.	ncluding any accor	npanying s	chedules and
<u>statements, and that all statements contained herein are true and correct.</u> Name of Authorized Representative					Date	
Timothy A. Costa					5/14/23	
Signature of Authorized Represen	ntative					
N) $\overline{\lambda}$	1/ *	<				
MAL 10:						

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: 1999 506 (1997)

State of Rhode Island