



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.

FILED

JUN 01 2023

BY

14343

OS

1. Entity ID Number 001731592		2. Exact name of the Corporation Queens Of Clean, Inc.			
3. Principal Office Address 353 Garden City Drive		City Cranston		State RI	Zip 02920
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island Cleaning Company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Timothy A. Costa			Vice-President Name 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 Street			Street Address 353 Garden City Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Mary B. Costa			Director Name Leonard F. Costa Jr.		
Street Address 66 Vermont Street			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 City Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1000 Common \$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. <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 Timothy A. Costa					Date 5/14/23
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023