



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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BUS SVCS DIV  
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FOR  
SECRETARY OF STATE  
USE ONLY

2023 MAY 31 A 10:48

1. Entity ID Number 001720371		2. Exact name of the Corporation RI Cleaning Solutions, Inc.			
3. Principal Office Address 503 CHESTNUT HILL ROAD		City CHEPACHET		State RI	Zip 02814
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island CLEANING AND JANITORIAL SUPPLIES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MICHAEL TRUDEL			Vice-President Name ALBERT SINCLAIR		
Street Address 26 REMINGTON FARM DRIVE			Street Address 503 CHESTNUT HILL ROAD		
City COVENTRY	State RI	Zip 02816	City CHEPACHET	State RI	Zip 02814
Secretary Name MICHAEL TRUDEL			Treasurer Name ALBERT SINCLAIR		
Street Address 26 REMINGTON FARM DRIVE			Street Address 503 CHESTNUT HILL ROAD		
City COVENTRY	State RI	Zip 02816	City CHEPACHET	State RI	Zip 02814
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					
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		NO PAR VALUE	
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 ALBERT SINCLAIR				Date 5/23/23	
Signature of Authorized Representative 					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.govMAY 31 2023  
F: ML 26510

FORM 630 - Revised: 2/2023