RI SOS Filing Number: 202337965100 Date: 6/15/2023 4:00:00 PM

State of Rhode Island FILED						_	
Department of State - Business Services Division 15 2023							
Annual Report for the year: 2023							
→ 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  2. Exact name of the Corporation							
001341081 M & D CLEANING SERVICES LTD							
3. Principal Office Address	City	( ICL AND	State RI	Ζ <sub>ip</sub> 02807			
1578 BEACON HILL RD	10.0.4			(ISLAND		02807	
4. NAICS Code 561720		Brief description of the character of business conducted in Rhode Island     COMMERCIAL AND RESIDENTIAL CLEANING					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and ad	ddresses)	resses)  Check the box to indicate an attachment  Vice-President Name					
President Name VIVIAN DONIS							
Street Address 1578 BEACON	Street Address						
City BLOCK ISLAND	State RI	<sup>Z<sub>1</sub>p</sup> 02807	City	<del></del>	State	Zip	
Secretary Name	- ' ''		Treasurer Name				
Street Address	Street Addr	Street Address					
Street Address							
City	State	Zip	City		State	Zıp 	
8. List ALL directors (names and	addresses)		Director Na		the box to indicate	an attachment	
Director Name							
Street Address	Street Address						
City	State	Zıp	City		State	Z <sub>'</sub> p	
Director Name			Director Name			1 -	
Street Address	Street Address						
					State	ΙΖῖρ	
City	State	Zip	City				
9. Shares Authorized This information is currently of rec	cord in the	10. Shares Iss			the box to indicat	e an attachment  PAR VALUE	
Department of State.		75			00.00		
Changes require an additional filing.			<del>-</del>				
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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 VIVIAN DONIS					1	06/09/2023	
Signature of Authorized Représentative							
	<del></del>						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov