



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

STAMP
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R.I. DEPT. OF STATE
BUS SERVICES DIVISION

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024 JAN 18 P 3:21

1. Entity ID Number <u>000095123</u>		2. Exact name of the Corporation <u>Maxi Clean Co. Inc.</u>			
3. Principal Office Address <u>8 Lynn Av</u>		City <u>Cranston</u>		State <u>RT</u>	Zip <u>02905</u>
4. NAICS Code <u>236118</u>		6. Brief description of the character of business conducted in Rhode Island <u>Commercial and residential cleaning, General contractor, construction, carpentry, painting</u>			
5. State of Incorporation <u>RT</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Thomasz Brojek</u>			Vice-President Name <u>Mark Strzalko</u>		
Street Address <u>9 Riverside Av</u>			Street Address <u>237 Woodland Av</u>		
City <u>Attleboro</u>		State <u>MA</u>	Zip <u>02703</u>	City <u>Scituate</u>	
State <u>MA</u>		Zip <u>02771</u>		State <u>MA</u>	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>2.00</u>	<u>CNP</u>	<u>0.00</u>
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 <u>Mark Strzalko</u>				Date <u>1/19/2024</u>	
Signature of Authorized Representative <u>[Signature]</u>					

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

FILED

JAN 18 2024
BY ML CBDZS