



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RI SOS
24 JAN 28 PM 1:04:35

1. Entity ID Number <u>1706927</u>		2. Exact name of the Corporation <u>ALL TIME SERVICE INC.</u>	
3. Principal Office Address <u>17 POPP AR STREET</u>		City <u>Rosindale</u>	State <u>MA</u> Zip <u>02131</u>
4. NAICS Code <u>561720</u>	6. Brief description of the character of business conducted in Rhode Island <u>Sanitorial Services</u>		
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JANET PEBUERO</u>		Vice-President Name <u>DEBNI PASCASIO</u>	
Street Address <u>23 GRASSMERE ROAD</u>		Street Address <u>14 CREEBROOK ROAD</u>	
City <u>Hyde Park</u>	State <u>MA</u>	Zip <u>02136</u>	City <u>Hyde Park</u> State <u>MA</u> Zip <u>02136</u>
Secretary Name <u>Ashley Suncar</u>		Treasurer Name	
Street Address <u>227 MAPLE ST.</u>		Street Address	
City <u>W.R.</u>	State <u>MA</u>	Zip <u>02132</u>	City State Zip
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City State Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<u>700</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>[Signature]</u>			Date <u>1/29/2024</u>
Signature of Authorized Representative <u>JANET PEBUERO</u>			

FILED

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

JAN 29 2024
BY ML 1651W
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