



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FEB 14 2024
381 &

- 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 44439		2. Exact name of the Corporation Mr. Meticulous Cleaning Co. Inc.												
3. Principal Office Address 3 Kathy Ann Drive			City Narragansett	State RI.	Zip 02882									
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island Perform All Janitorial Services.												
5. State of Incorporation RI.		Commercial & Residential												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Gregory M. Manni			Vice-President Name N/A											
Street Address 3 Kathy Ann Dr.			Street Address											
City Narr.	State RI.	Zip 02882	City	State	Zip									
Secretary Name N/A			Treasurer Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name N/A			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 ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">500</td> <td style="text-align:center;">Comm</td> <td style="text-align:center;">NO Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Comm	NO Par Value			
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500	Comm	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 Gregory Manni				Date 2/7/24										
Signature of Authorized Representative Gregory M. Manni														