State of Rhode Island
Department of State - Business Services Division

FILED
FEB 16 2024
BY 15313

Annual Report for the year: 2024
Corporation

→ 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			
114326	ALLCLEAN, INC.			
3. Principal Office Address		City	State	Zip
210 Conant Street		Pawtucket	RI	02860-0000
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238990	to engage in the business of fire, smoke and water damage restoration			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Rui Pereira			none		
Street Address			Street Address		
210 Conant Street			none		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860-	none	none	none
Secretary Name			Treasurer Name		
Rui Pereira			Rui Pereira		
Street Address			Street Address		
210 Conant Street			210 Conant Street		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860-	Pawtucket	RI	02860-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Rui Pereira			none		
Street Address			Street Address		
210 Conant Street			none		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860-	none	none	none
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	50	Common	No Par
Changes require an additional filing.			

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		Date
Rui Pereira	President	January 2, 2024

Signature of Authorized Representative

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