RI SOS Filing Number: 202446985330 Date: 2/20/2024 4:00:00 PM

Annua

## State of Rhode Island Department of State - Business Services Division

FILED	
6 May 8 9 9991	STAMF
FEB 2 0 2024	

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.

→ Penalty: Additional \$25.0	0 fee if form is n	ot filed by May 31.			بل				
1. Entity ID Number 000410506	2. Exact nam	2. Exact name of the Corporation NTC SERVICES INC							
3. Principal Office Address 4 HARRISON ST			City BRIST	roL .	State RI	Zip 02809			
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL CLEANING AND WEB SERVICES							
5. State of Incorporation									
7. List ALL officers (names and	addresses)			Check	the box to indica	ate an attachment 🔲			
President Name WANDA J DIPAOLO			Vice-Pres	Vice-President Name NONE					
Street Address 4 HARRISON ST			Street Add	Street Address					
City BRISTOL	State RI	<sup>Zip</sup> 02809	City	l	State	Zip			
Secretary Name		•	Treasurer	Treasurer Name					
Street Address		Street Add	Street Address						
City	State	Zip	City		State	Zip			
8. List ALL directors (names and	d addresses)		1	Check	the box to indic	ate an attachment			
Director Name NONE		-	Director N	ame NONE		ate an attachment			
Street Address		Street Address							
City	State	Zip	City		State	Zip			
Director Name NONE		<del></del>	Director N	Director Name NONE					
Street Address			Street Add	iress					
City	State	Zip	City	<u>.                                    </u>	State	Zip			
9. Shares Authorized		10. Shares Issu	l led	Check	k the box to indic	cate an attachment			
This information is currently of re	cord in the	NUMBER OF		CLAS	S/SERIES	PAR VALUE			
Department of State.	100			CWP		\$1.00			
Changes require an additional fili				-					
<ol> <li>This report must be execute ceiver or trustee, this report must</li> </ol>	d on behalf of the st be executed on	corporation by an arbehalf of the corporation	uthorized re	presentative. If the	corporation is in	the hands of a re-			
Under penalty of perjury, I dec	clare and affirm t	hat I have examine	d this repo	rt, including any	accompanying	schedules and			
statements, and that all stater	ments contained	herein are true and	correct.						
Name of Authorized Representation WANDA J. DIPAOLO	itive				Date	8/2024			
Signature of Authorized Represe	entative /		<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