State of Rhode Island
Department of State - Business Services Division

FEB 26 2024
45000

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
76568	CROWN JANITORIAL SERVICES, INC.

3. Principal Office Address	City	State	Zip
700 METACOM AVENUE APT 116	WARREN	RI	02885

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
567120	PROVIDES JANITORIAL AND ANCILLARY SERVICES
5. State of Incorporation: RHODE ISLAND	

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

	President Name	Street Address	City	State	Zip
	JOSEPH RIBEIRO	700 METACOM AVENUE APT 116	WARREN	RI	02885
	Vice-President Name	Street Address	City	State	Zip
	JOSEPH RIBEIRO	700 METACOM AVENUE APT 116	WARREN	RI	02885
	Secretary Name	Street Address	City	State	Zip
	JOSEPH RIBEIRO	700 METACOM AVENUE APT 116	WARREN	RI	02885
	Treasurer Name	Street Address	City	State	Zip

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

	Director Name	Street Address	City	State	Zip
	JOSEPH RIBEIRO	700 METACOM AVENUE APT 116	WARREN	RI	02885
	Director Name	Street Address	City	State	Zip
	Director Name	Street Address	City	State	Zip

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. Changes require an additional filing.	600	COMMON	NO PAR

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
JOSEPH RIBEIRO	2/19/24

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