State of Rhode Island
Department of State - Business Services Division

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.

APR 08 2024 02
4715

1. Entity ID Number	2. Exact name of the Corporation			
000787700	RESTAURANT PRO-CLEAN, INC.			
3. Principal Office Address		City	State	Zip
12 SWEET FERN LANE		COVENTRY	RI	02816
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561720				
5 State of Incorporation				
RI	JANITORIAL SERVICES			

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

President Name			Vice-President Name		
KAROL FAU					
Street Address			Street Address		
12 SWEET FERN LANE					
City	State	Zip	City	State	Zip
COVENTRY	RI	02816			
Secretary Name			Treasurer Name		
KAROL FAU			KAROL FAU		
Street Address			Street Address		
12 SWEET FERN LANE			12 SWEET FERN LANE		
City	State	Zip	City	State	Zip
COVENTRY	RI	02816	COVENTRY	RI	02816

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

Director Name			Director Name		
KAROL FAU					
Street Address			Street Address		
12 SWEET FERN LANE					
City	State	Zip	City	State	Zip
COVENTRY	RI	02816			
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	

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
	3/15/2024
Signature of Authorized Representative	
KAROL FAU	

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