

State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

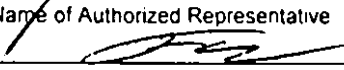
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 08 2024

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1. Entity ID Number 000787700		2. Exact name of the Corporation RESTAURANT PRO-CLEAN, INC.			
3. Principal Office Address 12 SWEET FERN LANE			City COVENTRY	State RI	Zip 02816
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island JANITORIAL SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name KAROL FAU			Vice-President Name		
Street Address 12 SWEET FERN LANE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name KAROL FAU			Treasurer Name KAROL FAU		
Street Address 12 SWEET FERN LANE			Street Address 12 SWEET FERN LANE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name KAROL FAU			Director Name		
Street Address 12 SWEET FERN LANE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			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

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Website: www.sos.ri.gov