

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

Annual Report for the year: 2024
Corporation

APR 08 2024
4715 *OR*

- 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 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					
5. State of Incorporation RI		JANITORIAL SERVICES					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>		
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					<input type="checkbox"/>		
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		10. Shares Issued Check the box to indicate an attachment				<input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		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:
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