



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGESS BSD
 24 APR 30 PM 3:22:31
 MP

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 001720371		2. Exact name of the Corporation RI Cleaning Solutions, Inc.												
3. Principal Office Address 503 CHESTNUT HILL ROAD			City CHEPACHET	State RI	Zip 02814									
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island CLEANING AND JANITORIAL SUPPLIES												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name MICHAEL TRUDEL			Vice-President Name ALBERT SINCLAIR											
Street Address 26 REMINGTON FARM DRIVE			Street Address 503 CHESTNUT HILL ROAD											
City COVENTRY	State RI	Zip 02816	City CHEPACHET	State RI	Zip 02814									
Secretary Name MICHAEL TRUDEL			Treasurer Name ALBERT SINCLAIR											
Street Address 26 REMINGTON FARM DRIVE			Street Address 503 CHESTNUT HILL ROAD											
City COVENTRY	State RI	Zip 02816	City CHEPACHET	State RI	Zip 02814									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1000</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">NO PAR VALUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	NO PAR VALUE			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	COMMON	NO PAR VALUE												
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 MICHAEL TRUDEL, PRESIDENT				Date 4-15-24										
Signature of Authorized Representative 				FILED										

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

APR 30 2024
BY 1569
KJ