



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

REC'D RIDOS BSD
24 JUL 8 AM 11:12:33

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 001753173		2. Exact name of the Corporation I and R Services Inc			
3. Principal Office Address 1235 mendon Rd			City umberland	State R-I	Zip 02904
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island cleaning			
5. State of Incorporation R.I					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Rafaela Lagunes			Vice-President Name		
Street Address 1235 mendon Rd			Street Address		
City umberland	State R.I	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.		NUMBER OF SHARES		CLASS/SERIES	
		0		\$1.00	
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 Rafaela Lagunes			FILED		Date 07-08-24
Signature of Authorized Representative <i>[Signature]</i>			BY EXM/m JUL 08 2024		

MAIL TO:
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