



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

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**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 <b>001709436</b>		2. Exact name of the Corporation <b>DLS Hood Cleaning INC</b>			
3. Principal Office Address <b>42 Myrtle St Apt. #1</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>Restaurant Cleaning on general and Aline</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Dolores Lurssen</b>			Vice-President Name <b>Martin Franco</b>		
Street Address <b>42 Myrtle St Apt #1</b>			Street Address <b>42 Myrtle St Apt #1</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name			Treasurer Name <del>_____</del>		
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>0</b>		<b>CNP</b>	<b>0</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Dolores Lurssen</b>				Date <b>8/4/24</b>	
Signature of Authorized Representative <b>D Lurssen</b>				BY <b>ASZS2</b>	

MAILED 236  
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 BY ASZS2