



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 OCT 18 PM 2:04:23

1. Entity ID Number 000789850		2. Exact name of the Corporation RUBY'S CLEANING AND PAINTING INC										
3. Principal Office Address 984 CHARLES ST		City NORTH PROVIDENCE	State RI									
		Zip 02904										
4. NAICS Code 561720	6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL AND COMMERCIAL JANITORIAL											
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 GLORIA N. MEDINA		Vice-President Name										
Street Address 35 DAKOTA ST		Street Address										
City PROVIDENCE	State RI	Zip 02904										
Secretary Name		Treasurer Name										
Street Address		Street Address										
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										
Director Name		Director Name										
Street Address		Street Address										
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1		0.0100			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1		0.0100										
Changes require an additional filing.												
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 GLORIA MEDINA		Date 10-16-24										
Signature of Authorized Representative Gloria N. Medina		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

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