RI SOS Filing Number: 202565609140 Date: 2/12/2025 4:00:00 PM سات مہریں State of Rhode Island STAMP Department of State - Business Services Division Annual Report for the year: 2025 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 2. Exact name of the Corporation 000085798 Cleantech Services, Inc. 3. Principal Office Address City Zip State 243 Narragansett Park Drive **East Providence** 02916 RI 4. NAICS Code Brief description of the character of business conducted in Rhode Island Sale of janitorial services franchise State of Incorporation 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name David G. Agostini Joshua Agostini Street Address Street Address 243 Narragansett Park Drive 243 Narragansett Park Drive State Zip City Zip State RI East Providence 02916 RI 02916 **East Providence** Secretary Name Treasurer Name David G. Agostini Street Address 243 Narragansett Park Drive State Zip City State Zip RI

David G. Agostini Street Address 243 Narragansett Park Drive City RI **East Providence** 02916 **East Providence** 02916 8. List ALL directors (names and addresses) Check the box to indicate an attachment [Director Name **Director Name** David G. Agostini Steven J. Agostini Street Address Street Address 243 Narragansett Park Drive 243 Narragansett Park Drive State Zıp City State Zıp **East Providence** RI 02916 **East Providence** RI 02916 Director Name **Director Name** Paula J. Bizier Street Address Street Address 243 Narragansett Park Drive City State Zip City State Zip **East Providence** RI 02916 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. 300 **Common Shares** No par value 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

Date 2/5/2025

Signature of Authorized Representative

FILED

FEB 12 /U/5

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-26

Phone: (401) 222-3040 Website: www.sos.ri.gov

533110

RI

City

BY 1/342