



State of Rhode Island
Department of State - Business Services Division

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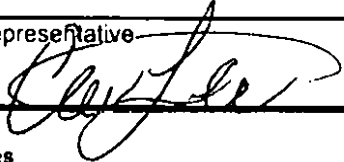
Annual Report for the year: 2023

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 001687698		2. Exact name of the Corporation MASS HOOD CLEANING INC												
3. Principal Office Address 240 COLUMBUS AVE			City PAWTUCKET	State RI	Zip 02861									
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL KITCHEN EXHAUST CLEANING SERVICES												
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 CARLOS J CHITIC			Vice-President Name											
Street Address 240 COLUMBUS AVE			Street Address											
City PAWTUCKET	State RI	Zip 02861	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	COMMON	NO PAR VALUE			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1,000	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 CARLOS J CHITIC				Date 01/20/2025										
Signature of Authorized Representative 														

FILED 10:13

FEB 13 2025

BY GUNR

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov