



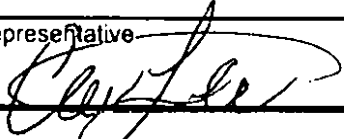
State of Rhode Island  
Department of State - Business Services Division

STAMP

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<br><b>001687698</b>   |                    | 2. Exact name of the Corporation<br><b>MASS HOOD CLEANING INC</b>  |   |                                       |                     |
| 3. Principal Office Address<br><b>240 COLUMBUS AVE</b>  |                    |  | City<br><b>PAWTUCKET</b>  | State<br><b>RI</b>                    | Zip<br><b>02861</b> |
| 4. NAICS Code<br><b>561720</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>COMMERCIAL KITCHEN EXHAUST CLEANING SERVICES</b> |   |                                       |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                    |  |   |                                       |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                                       |                     |
| President Name<br><b>CARLOS J CHITIC</b>  |                    |  | Vice-President Name   |                                       |                     |
| Street Address<br><b>240 COLUMBUS AVE</b>   |                    |  | Street Address  |                                       |                     |
| City<br><b>PAWTUCKET</b>  | State<br><b>RI</b> | Zip<br><b>02861</b>  | City  | State                                 | Zip                 |
| Secretary Name  |                    |  | Treasurer Name  |                                       |                     |
| Street Address  |                    |  | Street Address  |                                       |                     |
| City  | State              | Zip  | City  | State                                 | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                                       |                     |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                       |                     |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.  |                    |  | NUMBER OF SHARES  |                                       | CLASS/SERIES        |
|   |                    |  | 1,000   |                                       | COMMON              |
|   |                    |  | PAR VALUE   |                                       | 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. |                    |  |   |                                       |                     |
| <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<br><b>CARLOS J CHITIC</b>   |                    |  |   | Date<br><b>01/20/2025</b>             |                     |
| Signature of Authorized Representative<br>   |                    |  |   | FILED 10:13<br>FEB 13 2025<br>BY GUNR |                     |

MAIL TO:  
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