



State of Rhode Island
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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2025 MAR 12 PM 2:04

1. Entity ID Number 001754993			2. Exact name of the Corporation MGA Cleaning Service, Inc.								
3. Principal Office Address 197 Anawan Street			City Rehoboth	State MA	Zip 02769						
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island Provide residential and commercial cleaning services									
5. State of Incorporation Massachusetts											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Manuel M. DaSilva			Vice-President Name Manuel M. DaSilva								
Street Address 197 Anawan Street			Street Address 197 Anawan Street								
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769						
Secretary Name Ana Cruz			Treasurer Name Manuel M. DaSilva								
Street Address 110 First Street			Street Address 197 Anawan Street								
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Manuel M. DaSilva			Director Name N/A								
Street Address 197 Anawan Street			Street Address								
City Rehoboth	State MA	Zip 02769	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1000</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	No Par
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	Common	No Par									
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 MANUEL DA SILVA					Date 3/05/2025						
Signature of Authorized Representative <i>Manuel M. DaSilva</i>					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

MAR 12 2025

BY *HAZM3*
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FORM 630- Revised 12/2023