State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATE SERVICES
2025 MAR 12 PM 2:04

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
001754993	MGA Cleaning Service, Inc.

3. Principal Office Address	City	State	Zip
197 Anawan Street	Rehoboth	MA	02769

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561720	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 ☐

President Name	Street Address	City	State	Zip
Manuel M. DaSilva	197 Anawan Street	Rehoboth	MA	02769

Vice-President Name	Street Address	City	State	Zip
Manuel M. DaSilva	197 Anawan Street	Rehoboth	MA	02769

Secretary Name	Street Address	City	State	Zip
Ana Cruz	110 First Street	Rehoboth	MA	02769

Treasurer Name	Street Address	City	State	Zip
Manuel M. DaSilva	197 Anawan Street	Rehoboth	MA	02769

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Manuel M. DaSilva	197 Anawan Street	Rehoboth	MA	02769

Director Name	Street Address	City	State	Zip
N/A				

9. Shares Authorized

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 ☐

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: Manuel DaSilva

FILED

MAR 12 2025

BY HAZM3

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised. 12/2023