RI SOS Filing Number: 202568780710 Date: 3/31/2025 4:00:00 PM



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

FILED
MAR 3 1 2025 BY 131(08)
BY 13/108 0000

→ Penalty: Additional \$25.00 fe	ee if form is not	filed by May 31.				•••		
Entity ID Number	2. Exact name of the Corporation							
000103155	Clean-Rite Cleaning Co.							
3. Principal Office Address	•				State		Zip	
1305B Kingstown Road			South	Kingstown	RI		02879	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
561740	Residential and commercial janitorial & cleaning services and							
5. State of Incorporation	water/fire/mold clean up							
RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Gregory Raso				Vice-President Name Marianna Zotos				
Street Address 227 Biscuit City Road				Street Address 227 Biscuit City Road				
^{City} Charlestown	State RI	^{Zip} 02813	City Charlestown		State	State RI (
Secretary Name	<u> </u>			Treasurer Name			02813	
Street Address			Street Address					
City	State	Zıp	City		State		Zip	
8. List ALL directors (names and ad	ldresses)		1	Check th	ie box to indi	icate an att	achment	
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	<u> </u>	10. Shares Issu	<u>l</u> ed	Chack th	he hay to ind	e box to indicate an attachment		
This information is currently of record in the			NUMBER OF SHARES CLASS/SFRIES PAR VALUE					
Department of State. Changes require an additional filing.		500		CWP		1.00		
11. This report must be executed or	n behalf of the c	orporation by an au	uthorized reg	presentative. If the co	orporation is	in the han	ds of a re-	
ceiver or trustee, this report must be	e executed on b	ehalf of the corpora	ation 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	Date		
La Russian Rus					3/	3/24/25		
Signature of Authorized Representative								
Gregory Raso								
MAIL TO:								

Division of Business Services

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

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