



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.

STAMP

REC'D RI SOS BSD
25 MAY 23 4:03:52:00

1. Entity ID Number 001720371		2. Exact name of the Corporation RI Cleaning Solutions, Inc.	
3. Principal Office Address 503 CHESTNUT HILL ROAD		City CHEPACHET	State RI
		Zip 02814	
4. NAICS Code 561720	6. Brief description of the character of business conducted in Rhode Island CLEANING AND JANITORIAL SUPPLIES		
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 MICHAEL TRUDEL		Vice-President Name ALBERT SINCLAIR	
Street Address 26 REMINGTON FARM DRIVE		Street Address 503 CHESTNUT HILL ROAD	
City COVENTRY	State RI	City CHEPACHET	State RI
Zip 02816		Zip 02814	
Secretary Name MICHAEL TRUDEL		Treasurer Name ALBERT SINCLAIR	
Street Address 26 REMINGTON FARM DRIVE		Street Address 503 CHESTNUT HILL ROAD	
City COVENTRY	State RI	City CHEPACHET	State RI
Zip 02816		Zip 02814	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	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 MICHAEL TRUDEL, PRESIDENT			Date 5/1/25
Signature of Authorized Representative 			

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

MAY 23 2025

BY 04643
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FORM 630 - Revised: 2/2023