



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

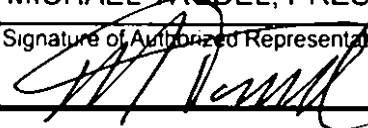
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

REC'D RHODES BSD
25 MAY 23 09:52:03

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	Zip 02816	City CHEPACHET	State RI	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	Zip 02816	City CHEPACHET	State RI	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	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	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 1000		CLASS/SERIES 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.					
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