



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 RI DEPT. OF STATE
 BUSINESS SERVICES

2023 APR -7 A 10:07

1. Entity ID Number 000522694		2. Exact name of the Corporation My Cleaning Department, Inc.			
3. Principal Office Address 571 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island To provide cleaning services to offices and homes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose M. Custodio			Vice-President Name None		
Street Address 571 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Jose M. Custodio			Treasurer Name Jose M. Custodio		
Street Address 571 Oaklawn Avenue			Street Address 571 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		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 Jose M. Custodio					Date 3/24/23
Signature of Authorized Representative					

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

FILED

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 BY ML 29223 FORM 630 - Revised: 11/2021