RI SOS Filing Number: 202332582780 Date: 4/7/2023 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	2023
Corneration	

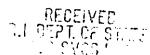
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Phone: (401) 222-3040

Website: www.sos.ri.gov



FORM 630 - Revised: 11/2021

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					2023 APR - 7 A 10: 0 7				
1. Entity ID Number		2. Exact name of the Corporation							
000522694	My Clea	My Cleaning Department, Inc.							
3. Principal Office Address			City		State	Zip			
571 Oaklawn Avenue			Cranston		RI	02920			
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island							
561720	To provid	To provide cleaning services to offices and homes.							
5. State of Incorporation									
RI									
7. List ALL officers (names an	d addresses)				he box to in	dicate an attachment 🗌			
President Name Jose M. Custodio			Vice-President Name None						
Street Address 571 Oaklawn Avenue			Street Address						
		710	City		State	Zıp			
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920							
Secretary Name Jose M. Cu	ustodio	-	Treasurer Name Jose M. Custodio						
Street Address 571 Oaklawn Avenue		Street Address 571 Oaklawn Avenue							
<sup>C.ty</sup> Cranston	State RI	<sup>Zip</sup> 02920	City Cranston		State RI	<sup>Z,p</sup> 02920			
8. List ALL directors (names a	and addresses)	•		Check t	he box to in	ndicate an attachment			
Director Name None			Director Name						
Street Address		Street Adcress							
City	State	Zip	City		State	Zip			
Director Name	<u> </u>	1	Director Name		1	<u> </u>			
Street Address			Street Address						
City	State	Zıp	City		State	Zıp			
9. Shares Authorized		10. Shares Iss	ued			ndicate an attachment 🔲			
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 execu	ited on behalf of the	e corporation by an a	authorized represe	entative. If the corpor	ration is in t	he hands of a receiver or			
trustee, this report must be ex	xecuted on behalf o	f the corporation by	the receiver or tru	stee.					
Under penalty of perjury, I o statements, and that all sta				cluding any accom	panying so	cnedules and			
Name of Authorized Represe		, nerem are true an	O CONBCL	· -	Date ,				
Jose M. Custodio			$\overline{}$		3/2	4/23			
Signature of Authorized Repr	esentative		$\mathcal{I}$		1 - 10				
MAIL TO:		1		FILED					
<b>Division of Business Services</b>	/	•			,	7			
148 W. River Street, Providence,	Rhode Island 02904-2	2615		APR 0 7 20	23 ~ 2	5			