RI SOS Filing Number: 202332741330 Date: 4/11/2023 2:04:00 PM

State of Rhode Island Department of State - Business Serv	rices Division	
Annual Report for the year: Benefit Profit Corporation → Filing period: within 120 days following the end of → Filing Fee: \$60.00	the fiscal year	RECEIVED STAMP "A FIRT OF STATE 2023 APR 11 P 2: 03
→ Penalty: Additional \$25.00 fee if form is not filed with	nin 150 days of the fiscal y	rear end.
	ning Service	ces Corp.
3 Principal Office Address	li Citues	State 7in

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3. Principal Office Address 99 Kuaby S	treet#	Ja	Providence	e	State	^{Zip} 02905
4. NAICS Code 3 3 5 10 17 3 1			5. State of Incorporation	İsla	nd	
6. Brief denoription of the characto	+ Resi			ing:	SURVI	ices
List ALL officers (names and add	dresses) ·			Check the	e box to indica	ate an attachment 🔲
President Name OPPOLIN Ĵ	Fabiar	1	Vice-President Name			
Stract Acidifess)	treet #:	J2	Street Address			
Providence	State	1205 1205	City		State	Zip
Secretary Name Street Address			Treasurer Name Street Address			
		¥ 				
C ty	State	Zip	City		State	Zın
8. List ALL directors (names and a	ddresses)			Check the	e box to indica	ate an attachment 🔲
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City		State	Zip
9. Shares Authorized			10. Shares Issued	Check th	e box to indic	ate an attachment
This information is currently of record in the Department of State. Changes require an additional filing. Check if stock is publicly traded.		NUMBER OF SHARES		SISERIES	PAR VALUE	
		1.00	87	rk_	\$0.010D	
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MAIL TO:

Division of Business Services

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

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

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11. The following provisions require a narrative description:
a. The ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit
provided cleaning Services throughout RI to businesses + rosidents
b. The ways in which the benefit corporation pursued a specific public benefit that the Articles of Incorporation state is the purpose of the benefit corporation and the extent to which that specific public benefit was created:
Cleaning Services-throughout RI Soliciting residents
c. Any circumstances that have hindered the creation by the benefit corporation of general public benefit or specific public benefit:
access to capital hunders us within our industry.
d. The process and rationale for selecting or changing the third-party standard used to prepare the benefit report:
e. Provide an assessment of the overall social and environmental performance of the benefit corporation against a third-party standard, either applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application or the change to that standard from the one used, in the immediately prior report:
but we were knited by the economy on the # & Chen's
f Name and address of the Benefit Director: (Required if stock is publicly traded.)
NIA
g. Name and address of the Benefit Officer: (If not applicable, state "NONE.")
NONE
h. The statement of the benefit director described in subsection 7-5,3-8(c):
N/A
i. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation. The statement should include any financial or governance relationship which might materially affect the credibility of the use of the third-party standard.
NA
j. If the benefit corporation has dispensed with, or restricted the discretion or powers of the board of directors, indicate the persons that exercise the powers, duties, and rights and who has the immunities of the board of directors. Name(s) and address of the person(s) that exercise the powers, duties and rights of a benefit director:
N/A

k. If during the year covered by this benefit report, a benefit director resigned from or refused to stand for director, or was removed from the position, and the benefit director furnished the benefit corporation with concerning the circumstances surrounding the resignation, refusal, or removal, the benefit report shall inc exhibit.	any written correspondence
12. This report must be executed on behalf of the corporation by an authorized representative. If the corporation or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.	oration is in the hands of a
Under penalty of perjury, I declare and affirm that I have examined this report, including any accor statements, and that all statements contained herein are true and correct.	mpanying schedules and
Name of Authorized Representative Joaquin T Fabian	1 83 60a 8
Signature Authorized Representative	•