RI SOS Filing	Number: 2020	040662150	Date: 5/21	/2020 2:39:0	no PM			
State of Rhode Island and Department of State	Providence Plans	tations		72020 2.00.0	50 1 IVI			
nort								
Annual Report for the yea				RECEIVE	0			
corporation			R	RECEIVE 1. DEPT. OF	STATE			
→ Filing period: January 1 - M	arch 1			BUS SVCS	DIV			
→ Filing Fee: \$50.00				_				
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.			202	OMAY 21 PI	1 2: 35			
1. Entity ID Number	2. Exact name of	the Corporation						
		•		•				
00159697	ABB	roperty	Mointe	nance .	toc.			
3. Principal Office Address		' 5	City		State	}	Zip	
113 Bluff Stre	op+		Rive	Lar. Sinia	16	T	02915	
4. NAICS Code		on of the character	r of business of	conducted in Rho		<u></u>	1 00/13	
811310	·	•						
E State of Issuers and Issuers	Property maintenance						•	
5. State of Incorporation		• • • • • • • • • • • • • • • • • • • •	<u></u>					
KI (
7. List ALL officers (names and add	resses)	· 		CI	heck the box	to indicate	an attachment 🗖	
President Name	Vice-Presiden	t Name						
1erry A BAN	Te	rry A.	SACTA:	<u> </u>				
Street Address 113 Bluff Street			Street Address		<u> </u>			
City	State	17:-		3 131 UTF	Street		-	
Riverside	KI KI	Zip 02915	City 2	verside	State	ST.	Zip 02915	
Conntra, Maria			Treasurer Nam		, ,		042113	
i. Tea	my A: 1s	Arratt. Sc.	110030101110	Tei	Lhu A	Ramon	t. Sr.	
Street Address	0	Arratt, Sr.	Street Address	S .		<u>Unit Mi</u>	K + (2) ·	
		<u>+</u>		113B	löff s	treet	-	
City	State RT	Zip O'S O	City		State		Zip	
Riversule		02915	RIVE	Bicle	<u> </u>	7	05612	
List ALL directors (names and ad- Director Name	oresses)		Director Name	CI	heck the box	to indicate	an attachment 🔲	
			Dilector Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
							·	
Director Name			Director Name					
Street Address						 		
2000(700)622			Street Address	•				
City	State	Zip	City		State		Zip	
_			",		Joene			
9. Shares Authorized		10. Shares Issue		CI	neck the box	to indicate	± an attachment □	
his information is currently of record in the		NUMBER OF S	IARES	CLASS/			PAR VALUE	
Department of State.		\cap						
hanges require an additional filing.								
						1		
11. This report must be executed on	behalf of the con	poration by an aut	horized repres	entative. If the c	corporation is	in the hand	Is of a receiver or	
<u>rustee, this report must be executed</u>	d_on behalf of the	corporation by the	e receiver or tr	ustee.				
Under penalty of perjury, I declare	end affirm that	I have examined	this report, in	ncluding any ac	companyin	g schedule	s and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative								
					Date	<u>-1 - 1</u>	_	
Signature of Authorized Representative						5/21/2020		
Signature of Authorized Representati	tive			III ED				
_ Zen A Bari	TALL &	SIGN DOCU	MENT HERE	コレビン				
- AND I NOW								

MAIL TO: Division of Business Services

Website: www.sos.n.gov

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

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FORM 630 - Revised: 10/2017