RI SOS Filina	Date: 5/21	1/2020 2:3	38:00 PN	Л				
RI SOS Filing State of Rhode Island and Department of State						_		
nnual Report for the year:		2	D	RECEIVED R.I. DEPT. OF STATI				
→ Filing period: January 1 - Ma→ Filing Fee: \$50.00		BUS SVCS DIV						
→ Penalty: Additional \$25.00 fe	e if form is not fil	ed by April 1.	202	0 MAY 21	PM 2: 3	35		
1. Entity ID Number	2. Exact name of	the Corporation	···					
00159697	ABB	Property 1	Uante	nonce	tac	_		
3. Principal Office Address			City		+ 30170	State		Zip
113 Bluff Stre	et		Rive	rside		RI		02915
4. NAICS Code		on of the character	of business of	conducted in	Rhode Isla	and		1
811310	Property maintenance							
5. State of Incorporation	THAMPERE	nce						
RI								
7. List ALL officers (names and addr	esses)				Check th	e box to i	ndicate a	n attachment
President Name Ticry A Bary Street Address	_	Vice-President Name Terry A. Barratt, Sr.						
113 Bluff Str		Street Address 113 Bluff Street						
City Riversiale	State KI	Zip 02915	City RN	verside		State Z		Zip 02915
Secretary Name	ru A. B	arratt, Sr.	Treasurer Nan	ne	- 11.	1 0		
Street Address	Street Address 113 BILL Street							
Kiversole	State RI	Zip 02915	City Riverside			State Zip bz915		
List ALL directors (names and add Director Name	Check the box to indicate an attachment □							
			Director Name	•				
Street Address			Street Address					
City	State	Zip	City			State		Zip
Director Name			Director Name					
Street Address			Street Address					
	State	Zip	City		State Zip		Zip	
9. Shares Authorized This information is currently of record in the		10. Shares Issued NUMBER OF SHARES			Check the ASS/SERIES	e box to ir		n attachment
Department of State. Changes require an additional filling.		()			ASSISERIES			PAR VALUE
				 		- "		
11. This report must be executed on	behalf of the corp	poration by an auth	norized repres	entative. If t	he corpora	tion is in t	he hand:	s of a receiver or
<u>rustee, this report must be executed</u>	on behalf of the	corporation by the	receiver or tr	ustee.				
Under penalty of perjury, I declare statements, and that all statement	and affirm that is contained her	I Nave examined ein are true and d	this report, is correct:	ncluding an	y accomp	anying so	chedules	s and
Name of Authorized Representative						Date		· · · · · · · · · · · · · · · · · · ·
Terry A Barratt St.						5/21/2020		

Signature of Aytherized Representative

ON DOCUMENT HERE FILED

MAIL TO: Division of Business Services

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

Website: www.sos.n.gov

MAY 21 2020 KL GOTDD 2:38

FORM 630 - Revised: 10/2017