RI SOS Filing State of Rhode Island and	Date: 5/2	1/2020 2:37:00	PM _					
State of Rhode Island and Department of Sta			ivision					
Annual Report for the yea		SEVEN	(ED					
Corporation — 2011			- RECEIVED - R.I. DEPT. OF STAPE					
→ Filing period: January 1 - M		BUS SVC	S DIV					
→ Filing Fee: \$50.00			9000 MAY O L - DM - D - D					
→ Penalty: Additional \$25.00 fe		2020 MAY 2 I	PM 2: 35					
1. Entity ID Number	2. Exact name o	the Corporation	<u>.</u>					
00159697	AOB	Property	Marata	enance to	a .			
3. Principal Office Address		· · · · · · · · · · · · · · · · · · ·	City	**	State	17	Zip	
113 Bluff Stre	Riva	eris, ia	RI		02915			
4. NAICS Code	6. Brief description	on of the characte		conducted in Rhode			04/13	
811310								
5. State of Incorporation	Property maintenance							
RT								
ハル 7. List ALL officers (names and add								
President Name	Check the box to indicate an attachment Vice-President Name							
Terry A. Barratt Sr.			Terry A. Barrat, Sr.					
Sireer Address —	Street Addres	s	=					
113 Bluff Street			City	3 Bluff S			<u>-</u>	
Riverside		02915		verside	State	エーげ	zip 0 2 9 1 5 -	
Secretary Name			 					
Street Address 11.3 Bluff Street			Street Address 11:3 BIUFF Street					
City Riversale	State RI	Zip 02915	City		State		Zip	
B. List ALL directors (names and addresses)			I KIW	Riverside		ne box to indicate an attachment		
Director Name	uresses)		Director Name		K trie box to i	noicate ar	n attachment 🗀	
2								
Street Address	Street Address							
City	State	Zip	City		State		Zip	
		<u> </u>		_	00.0	ľ	- p	
Director Name			Director Name					
Street Address	Street Address							
City	State	Zip	City		State		Zip	
							•	
9. Shares Authorized This information is currently of record in the		10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE				
Department of State. Changes require an additional filing.				COSSISERII	TAN TALUE		AK VALUE	
1. This report must be executed on	behalf of the con	poration by an aut	horized repres	entative. If the corp	oration is in t	<u>I</u> the hands	of a receiver or	
rustee, this report must be executed	d on behalf of the	corporation by the	e receiver or tr	ustee.				
Under penalty of perjury, I declare statements, and that all statemen	e and amm that ts contained her	i nave examined ein are true and :	i this report, i correct	ncluding any acco	mpanying s	chedules	and	
Name of Authorized Representative						-		
Term A Ramay Co					5	5/21/2020		
Signature of Authorized Representative						J. 2. 12020		

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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

Website: www.sos.ri.gov

MAY 2 1 2020

FILED

FORM 630 - Revised: 10/2017