RI SOS Filing Number: 202192628040 Date: 2/22/2021 4:00:00 PM

| State of Rhode Island Department of | | ess Services | Division | | . | |
|--|-----------------------------|--|---|---------------------------------|--------------------------|--|
| Annual Report for the year: 2021 Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. | | | | FILED STAINE | | |
| | | | FEB 2 2 2021 | | | |
| 1. Entity ID Number 000159697 | 2. Exact nam A & B Maint | e of the Corporation | n | | | |
| 3. Principal Office Address 113 Bluff Street | | | City Riverside | State RI | Zip 02915 | |
| 4. NAICS Code 811310 5. State of Incorporation RI | | 6. Brief description of the character of business conducted in Rhode Island Property Maintenance | | | | |
| 7. List ALL officers (names and | d addresses) | ·· · · | | Check the box to ind | licate an attachment 🗀 | |
| President Name Terry A. Barratt, Sr. | | | Vice-President Name Terry A. Barratt, Sr. | | | |
| Street Address 113 Bluff Street | | | Street Address 113 Bluff Street | | | |
| ^{City} Riverside | State RI | Zip 02915 | City Riverside | State RI | ^{Zip} 02915 | |
| Secretary Name Terry A. Barratt Sr. | | | Treasurer Name Terry Barratt, Sr. | | | |
| Street Address 113 Bluff Street | | | Street Address 113 Bl | | | |
| ^{City} Riverside | State RI | ^{Z₁p} 02915 | City Riverside | State RI | ^{Zip} 02915 | |
| 8. List ALL directors (names a | nd addresses) | ı | | Check the box to inc | dicate an attachment | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Žip | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. Shares Authorized | | 10. Shares Is | sued | Check the box to inc | dicate an attachment | |
| | | | OF SHARES | CLASS/SERIES | PAR VALUE | |
| Changes require an additional f | fillng. | | | | | |
| 11. This report must be execu | | | | e. If the corporation is in the | e hands of a receiver or | |
| trustee, this report must be ex Under penalty of perjury, I d | leclare and affirm | that I have examii | ned this report, includii | ng any accompanying scl | hedules and | |
| statements, and that all statements and that all statements and that all statements are statements. | tements contained | | | | | |
| Terry A. Barratt, Sr. | | | 2/9/2021 | | | |
| Signature of Authorized Repre | esentative | $\overline{\zeta}$ | | | | |

MAIL TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov