RI SOS Filing Number: 202210763160 Date: 2/11/2022 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

202

Filing period: February 1 - May 1

Filing Fee: \$50.00	5 00 for if forms in a	- A 61 - A 6					
→ Penalty: Additional \$2 1. Entity ID Number							
000159697		2. Exact name of the Corporation A & B Maintenance, Inc.					
3. Principal Office Address			City		State	Zip	
113 Bluff Street			Riverside		RI	02915	
4. NAICS Code	6. Brief desc	ription of the charac	ter of business o	onducted in Rhode	Island		
311310	Property	Property Maintenance					
5. State of Incorporation							
निश्च ¹						-	
7. List ALL officers (names a	ind addresses)		Vice President	Check	the box to indic	ate an attachment	
Président Name Terry A. B	Vice-President Name Terry A. Barratt, Sr.						
Street Address 113 Bluff S	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 A. Barratt, Sr.				
Street Address 113 Bluff Street			Street Address 113 Bluff Street				
Riverside	State RI	^{Zip} 02915	City Riversi	de	State RI	^{Zip} 02915	
8. List ALL directors (names Director Name	Check the box to indicate an attachment Director Name						
The St.			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Stroot Addroga	Street Address						
Street Address			Street Address				
Citý City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	sued	Checi	k the box to indic	cate an altachment	
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERI		PAR VALUE 5	
Department of State.		l l	υ		Ì	, 0/ 4	
Changes require an additiona	ıl filing.					•	
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in the	hands of a receiver or	
trustee, this report must be a	executed on behalf o	f the corporation by	the receiver or tr	ustee.			
Under penalty of perjury, I statements, and that all st				nciuaing any acco	mpanying scne	iquies and	
Name of Authorized Represe			Date				
. :					1/17/202	2	
Signature of Authorized Rep	resentative		 7				
ler	n H. Sas	rall!	21				
MAIL TO:		,					

Division of Business Services

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

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

FORM 630 - Revised: 11/2021

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