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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
517	AID MAINTENANCE CO., INC.

3. Street Address Principal Business Office	City	State	Zip
300 Roosevelt Avenue	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation
722-6627	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island

janitorial, cleaning and improvement of domestic, commercial, industrial buildin

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	President Name	Street Address	City	State	Zip
	KENNETH LOISELEE	300 Roosevelt Avenue	Pawtucket	RI	02860
	Vice President Name	Street Address	City	State	Zip
	Secretary Name	Street Address	City	State	Zip
	JOHN D. BIAFORE	26 Ship St., 2nd. Fl	Providence	RI	02903
	Treasurer Name	Street Address	City	State	Zip
	DANIEL NOURY	300 Roosevelt Avenue	Pawtucket	RI	02860

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	Director Name	Street Address	City	State	Zip
	KENNETH LOISELLE	300 Roosevelt Avenue	Pawtucket	RI	02860
	Director Name	Street Address	City	State	Zip
	Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date* 2/19/09

KENNETH LOISELLE
Print or Type Name

PRESIDENT
Title

[redacted]

File Date	2-23-09
Check No.	1386
By:	mnc

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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