

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B.			CAAA		
1. Corporate ID No. 55420	2. Name of Corpord CO/OP SER\				The state of the s
3. Street Address Principal Busin			City	State	Zip
360 PLAINFIELD STREET			PROVIDENCE	RI	02909
4. Business Phone No.		5. State of Incorporation			6. SIC Code
4019440018 - 40 F	265-6761	RHODE ISLAND			, 8953
7. Brief Description of the Chara THE MAINTENANCE, SER			age and the control of the control o		en e
8. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS ("X" BOX FOR ATTA	ICHMENT) FILL IN SPAC	ES BEFORE USING ATTAC	CHMENTS
Carlos Angel			Ines E. Sierra		
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10 Jasmine Lane			380 Woonasquatuc	ket Avenue	
City	State	Zip	City	State	Zip
Johnston	RI	02909	North Providence	RI	02911
Secretary Name	**	A STAN A CONTRACT OF A STAN A	Treasurer Name		
Carlos Angel			Carlos Angel		
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10 Jasmine Lane			10 Jasmine Lane		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02909
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS "X" BOX FOR AT	The second of th	CES BEFORE USING ATT	ACHMENTS
Director Name	and the first the control of the con	- T.A. 172 S. 1984 #44_31*** FO TELL 1997 LANDING	Director Name	, I maja mantambanan mentilahan di	Service Committee Control of the Service Cont
None			* None		
Street Address			Street Address	**************************************	
			Y		:
City	State	Zip	is the state of t	State	Zip
Director Name None			Director Name None		
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City	State	Zip	.City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT). 🔲	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
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100 NO PAR VALUE	2 Annua 22. Weet in September 18 April 18 18 18 18 18 18 18 18		10	Common	No Par Value
				f : :	
This report must be signe d	l in ink by either	the President, Vice Pre	sident, Secretary, Assista	nt Secretary, Treasurer,	Receiver or Trustee
	•		-	·	
Mr M1181 M1112 G1W1M					
5 5 4 2	2 0			y, I declare and affirm that I	
				y accompanying schedules	
55420 DBC 02/ V5 05	5:37 PM		and that all statements contained herein are true and correct.		
File Date	· ·	_	Chlos (1708) 2-26/05		
MAR 0.3 2005 773591			Signature of Officer Date		
Check No.					
			Carlos Angel		
B_{y} .			Print or Type Name of Officer		
	ICE ONLY		President	_	
FOR SECRETARY OF STATE I	ADD UNLT	1	Title of Officer		Form 630 12/01