



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 02904-2661
401.222.3042

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 56179	2. Name of Corporation MAINTENANCE PLUS, INC.		
3. Street Address Principal Business Office 148 FORT STREET	City EAST PROVIDENCE	State R.I.	Zip 02914-5140
4. Business Phone No. (401) 454-8133	5. State of Incorporation RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
ELECTRICIAN, REPAIR + MAINTENANCE (COMMERCIAL + RESIDENTIAL PROPERTY)

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

President Name JOSEPH J. SOUSA	Vice President Name JOAN M. SOUSA
Street Address 148 FORT STREET	Street Address 148 FORT STREET
City EAST PROVIDENCE	City EAST PROVIDENCE
State R.I.	State R.I.
Zip 02914-5140	Zip 02914-5140
Secretary Name JOAN M. SOUSA	Treasurer Name JOSEPH J. SOUSA
Street Address 148 FORT STREET	Street Address 148 FORT STREET
City EAST PROVIDENCE	City EAST PROVIDENCE
State R.I.	State R.I.
Zip 02914-5140	Zip 02914-5140

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

Director Name JOSEPH J. SOUSA	Director Name JOAN M. SOUSA
Street Address 148 FORT STREET	Street Address 148 FORT STREET
City EAST PROVIDENCE	City EAST PROVIDENCE
State R.I.	State R.I.
Zip 02914-5140	Zip 02914-5140
Director Name -	Director Name -
Street Address -	Street Address -
City -	City -
State -	State -
Zip -	Zip -

9. SHARES AUTHORIZED 1,000 NO PAR VALUE - COMMON

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
500	Common	NO PAR

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.

FILED

JAN 08 2013

File Date
Check No. BY MNC
By: CA # 491

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 Joseph J. Sousa Date 1/7/13
Print or Type Name JOSEPH J. SOUSA
Title PRESIDENT

FORM 630