



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 113561		2. Exact name of the Corporation Rhode Island Property Maintenance, Inc.	
3. Principal office address 172 Simmonsville Avenue		City Johnston	State Rhode Island
4. Business Phone No. 401-944-3712		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island To perform maintenance			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Nicholas Ricci		Vice-President Name Nicholas Ricci	
Street Address 172 Simmonsville Avenue		Street Address 172 Simmonsville Avenue	
City Johnston	State Rhode Island	City Johnston	State Rhode Island
Zip 02919		Zip 02919	
Secretary Name Nicholas Ricci		Treasurer Name Nicholas Ricci	
Street Address 172 Simmonsville Avenue		Street Address 172 Simmonsville Avenue	
City Johnston	State Rhode Island	City Johnston	State Rhode Island
Zip 02919		Zip 02919	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Nicholas Ricci		Director Name	
Street Address 172 Simmonsville Avenue		Street Address	
City Johnston	State Rhode Island	City	State
Zip 02919		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.			
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.

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JAN 23 2013

BY

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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 of Authorized Representative

Nicholas Ricci

Date

1-14-13

Print or Type Name of Authorized Representative