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 2014

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.	2. Exact name of the Corporation		
295193	Maid Pro of Providence, Inc		
3. Principal office address: 2 Regency Plaza Suite 10	City: Providence	State: RI	Zip: 02903
4. Business Phone No.: 401-723-4400	5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island: Maid Service - Home Cleaning Service			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Brian O Toole	Brian O Toole
Street Address: 2 Regency Plaza Apt 908	Street Address: 2 Regency Plaza Apt 908
City: Prov / State: RI / Zip: 02903	City: Prov / State: RI / Zip: 02903
Secretary Name	**Treasurer Name**
Brian O Toole	Brian O Toole
Street Address: 2 Regency Plaza Apt 908	Street Address: 2 Regency Plaza Apt 908
City: Prov / State: RI / Zip: 02903	City: PROV / State: RI / Zip: 02903

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Brian O Toole	
Street Address: 2 Regency Plaza Apt 908	Street Address:
City: Prov / State: RI / Zip: 02903	City / State / Zip:
Director Name	Director Name
Street Address:	Street Address:
City / State / Zip:	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$ 0.01

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
APR 24 2014
By 19-222003
A.A. 3:26p.m.

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.

Brian O Toole — 11.20.13
Signature of Authorized Representative — Date

Brian O Toole
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

RECEIVED
2014 APR 24 PM 3:19
SECRETARY OF STATE
CORPORATIONS DIV.