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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.	2. Exact name of the Corporation			
789322	GARIAN PROPERTY MAINTENANCE INC.			
3. Principal office address: 40 BRIDGEPORT AVE	City: MILFORD	State: CT	Zip: 06460	
4. Business Phone No.: 203 783 1361	5. State of Incorporation: CT			
6. Brief description of the character of business conducted in Rhode Island: RESIDENTIAL HOME REPAIR				

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

President Name: GARY BIER			Vice-President Name: NONE		
Street Address: 40 BRIDGEPORT AVE			Street Address: NONE		
City: MILFORD	State: CT	Zip: 06460	City: NONE	State: NONE	Zip: NONE
Secretary Name: BRIAN BIER			Treasurer Name: BRIAN BIER		
Street Address: 40 BRIDGEPORT AVE			Street Address: 40 BRIDGEPORT AVE		
City: MILFORD	State: CT	Zip: 06460	City: MILFORD	State: CT	Zip: 06460

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

Director Name: NONE			Director Name: NONE		
Street Address: NONE			Street Address: NONE		
City: NONE	State: NONE	Zip: NONE	City: NONE	State: NONE	Zip: NONE
Director Name: NONE			Director Name: NONE		
Street Address: NONE			Street Address: NONE		
City: NONE	State: NONE	Zip: NONE	City: NONE	State: NONE	Zip: NONE

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

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	STK	1000

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.

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

FILED
MAY 20 2014
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A.A. 9:24 A.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.

B-15 3-31-2014
Signature of Authorized Representative — Date

Brian Bier
Print or Type Name of Authorized Representative

Form No. 630-3-944065
Revised: 01/2012

STATE OF RHODE ISLAND
CORPORATIONS
2014 MAY 20 AM 9:23