



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 2015

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. 792029		2. Exact name of the Corporation Boston Property Maintenance, Inc.			
3. Principal office address 99 St. Botolph Street		City Boston	State MA	Zip 02116	
4. Business Phone No. 617-212-8963		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island property maintenance and all other authorized business activities					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Kevin Houliker			Vice-President Name none		
Street Address 99 St. Botolph Street			Street Address		
City Boston	State MA	Zip 02116	City	State	Zip
Secretary Name Kevin Houliker			Treasurer Name Kevin Houliker		
Street Address 99 St. Botolph Street			Street Address 99 St. Botolph Street		
City Boston	State MA	Zip 02116	City Boston	State MA	Zip 02116
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Kevin Houliker			Director Name		
Street Address 99 St. Botolph Street			Street Address		
City Boston	State MA	Zip 02116	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			0	n/a	n/a

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

FEB 18 2015

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

Date

Kevin Houliker, President

Print or Type Name of Authorized Representative

BY

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