



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 2016

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. 14046		2. Exact name of the Corporation Statewide Floor Maintenance, Inc.		
3. Principal office address 41 Greenville Road		City North Smithfield	State RI	Zip 02896
4. Business Phone No. (401) 765-5380		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island general cleaning business				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
President Name Kate Brummitt Bouvier		Vice-President Name David Bouvier		
Street Address 41 Greenville Road		Street Address 41 Greenville Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI
Secretary Name David Bouvier		Treasurer Name Kate Brummitt Bouvier		
Street Address 41 Greenville Road		Street Address 41 Greenville Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
Director Name Kate Brummitt Bouvier		Director Name David Bouvier		
Street Address 41 Greenville Road		Street Address 41 Greenville Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <input checked="" type="checkbox"/>		
		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.

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

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.

FILED
 70903
 JAN 15 2016
 KATE BRUMMITT BOUVIER 4/3/15
 Signature of Authorized Representative
 Kate Brummitt Bouvier, President
 Date
 Print or Type Name of Authorized Representative