



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. 0007368		2. Exact name of the Corporation CONTRACT SERVICES & MAINTENANCE, INC.			
3. Principal office address 900 CHARLES STREET		City NORTH PROVIDENCE	State RI	Zip 02904	
4. Business Phone No. (401) 524-1523		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MOTOR VEHICLE, SNOW PLOWING AND OTHER RELATED SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID L. PESCE			Vice-President Name JOANNE R. PESCE		
Street Address 14 HIGH VIEW DRIVE			Street Address 14 HIGH VIEW DRIVE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name DAVID L. PESCE			Treasurer Name DAVID L. PESCE		
Street Address 14 HIGH VIEW DRIVE			Street Address 14 HIGH VIEW DRIVE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DAVID L. PESCE			Director Name		
Street Address 14 HIGH VIEW DRIVE			Street Address		
City SMITHFIELD	State RI	Zip 02917	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) <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

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SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB 29 PM 1:15

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.

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 29 2016

Signature of Authorized Representative

DAVID L. PESCE

Date

12-29-16

Print or Type Name of Authorized Representative

BY DAVID L. PESCE