

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.

		E THIS REPORT BY N	MARCH 31 WILL RES	ULI IN A \$25.00 PENA	LIYFEE.	
1. Entity ID No.		e of the Corporation				
295192	Jen	MAINTEN	ANCE IN	C		
3. Principal office address			City	State	Zip	
1015 BORK AU.		Austuck	K27 125	0	2861	
295192 J8H MAINTEN. 3. Principal office address 1015 3024 AV. 4. Business Phone No. 401-4891373		5. State of Incorporati	<u>o</u> n			
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6. Brief description of the char		conducted in Rhode Island	٥			
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7. LIST ALL OFFICERS (NAM	IES AND ADDRE	SSES) ("X" BOX FOR A	TTACHMENT)			
President Name			Vice-President Name			
JESSICA CAUCAL						
Street Address	K AG	•	Street Address			
City	State	Zip	City	State	Zip	
(Autuitial	RI	05861			'	
Secretary Name			Treasurer Name	L		
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B. LIST ALL DIRECTORS (NA	MES AND ADDR	RESSES) ("X" BOX FOR				gë :
Director Name			Director Name		MAR	器器
Street Address			Street Address		8	RATION
City	State	Zip	City	State	Zip	VED OF SI ONS
Director Name			Director Name			
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Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
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9. SHARES AUTHORIZED	an enganomina	ing a galese inggeledi.	10. SHARES ISSUED	("X" BOX FOR ATTACH	MENTI	
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of State. Changes require an a See Section 9 of instruction s	•				 	
dee deciron 3 of man denon 3	rect.					
This report must be executed o	on behalf of the cc	prporation by an authorized	d representative. If the c	orporation is in the hands	of a receiver	nr trustaa
,	this report must	be executed on behalf of	the corporation by the re	ceiver or trustee.	0, 0, 000, 101	or ausice,
File Date			this report, includin	rjury, I declare and affiri g any accompanying sc	hedules and	statements.
			and that all stateme	nts contained herein are	true and co	rrect.
Check No.		FILED	ni	a Courali	3.	8-16
By: <u>14 f 5 / 10 (200</u>)	\$ 1442 \$ 613	MAD A Q 2010	Signature of Authoriz			Date
EOR SECRETARY OF STATE	LICE ONLY	MAR 0 8 2016			,	24,0
FOR SECRETARY OF STATE	USE UNLIS	260570		ica (auca) of Authorized Representat		
form No. 630	By_		. I	a Authorized Nepresentat	ive	
Revised: 01/2012		Y lb	U			