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.	2. Exact name of the Corporation			
295192	JSM MAINTENANCE INC			
3. Principal office address		City	State	Zip
1015 York Ave.		Pawtucket	RI	02861
4. Business Phone No.		5. State of Incorporation		
401-4891373		RI		

6. Brief description of the character of business conducted in Rhode Island
CLEANING

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

President Name			Vice-President Name		
Jessica Caucali					
Street Address			Street Address		
1015 York Ave.					
City	State	Zip	City	State	Zip
Pawtucket	RI	02861			
Secretary Name			Treasurer Name		
Jennifer Caucali					
Street Address			Street Address		
1015 York Ave.					
City	State	Zip	City	State	Zip
Pawtucket	RI	02861			

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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CORPORATIONS DIV
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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	0		

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.

Jessica Caucali — 3-8-16
Signature of Authorized Representative — Date

Jessica Caucali
Print or Type Name of Authorized Representative

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

FILED
MAR 0 8 2016
By 269570
KM

Form No. 630
Revised: 01/2012