



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. <b>745648</b>		2. Exact name of the Corporation <b>G&amp;B Maintenance &amp; Construction, Inc.</b>			
3. Principal office address <b>185 Dudley Street</b>			City <b>Boston</b>	State <b>MA</b>	Zip <b>02119</b>
4. Business Phone No. <b>617-536-4900</b>		5. State of Incorporation <b>MA</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Residential property maintenance</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Scott D. Wolf</b>			Vice-President Name		
Street Address <b>c/o G&amp;B Maintenance &amp; Const. Inc 185 Dudley Street</b>			Street Address		
City <b>Boston</b>	State <b>MA</b>	Zip <b>02119</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>SAME</b>			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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			<b>100</b>	<b>CNP</b>	<b>Ø</b>

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2016 APR 28 AM 9:36

*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

**9:38 AM**  
**FILED**  
**APR 28 2016**  
**273137**

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.

X Scott D Wolf 3/30/16  
 Signature of Authorized Representative Date  
 Scott D Wolf  
 Print or Type Name of Authorized Representative