



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 2015

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>GOP Maintenance &amp; Construction, Inc.</b>	
3. Principal office address <b>185 Dudley Street</b>		City <b>Boston</b>	State <b>MA</b>
4. Business Phone No. <b>617-536-4900</b>		Zip <b>02119</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>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Scott D. Wolf</b>		Vice-President Name <b>-</b>	
Street Address <b>c/o GOP Maintenance &amp; Const Inc</b>		Street Address	
<b>185 Dudley Street</b>			
City <b>Boston</b>	State <b>MA</b>	City	State
Zip <b>02119</b>			
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>SAME</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		<b>100</b>	<b>CNP</b>
		PAR VALUE	
			<b>\$</b>

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

**FILED**

**APR 28 2016**

By

**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.

Signature of Authorized Representative

**3/30/16**  
Date

Print or Type Name of Authorized Representative

**Scott D. Wolf**