



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. 745648		2. Exact name of the Corporation GOP Maintenance & Construction, Inc.	
3. Principal office address 185 Dudley Street		City Boston	State MA
4. Business Phone No. 617-536-4900		Zip 02119	
5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island Residential property maintenance			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Scott D. Wolf		Vice-President Name -	
Street Address c/o GOP Maintenance & Const Inc		Street Address	
185 Dudley Street			
City Boston	State MA	City	State
Zip 02119			
Secretary Name SAME		Treasurer Name SAME	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name SAME		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) ☐	
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
		100	CNP
		PAR VALUE	\$

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