



**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>001022200</b>		2. Exact name of the Corporation <b>National Maintenance &amp; Construction, Inc.</b>		
3. Principal office address <b>5030 CHAMPION BOULEVARD, SUITE G11, #284</b>		City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33496</b>
4. Business Phone No. <b>561-288-1605</b>		5. State of Incorporation <b>Florida</b>		
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONSTRUCTION AND FACILITIES SERVICES</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>DREW E BARATZ</b>		Vice-President Name		
Street Address <b>5030 CHAMPION BOULEVARD, SUITE G11, #284</b>		Street Address		
City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33496</b>	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>DREW E BARATZ</b>		Director Name		
Street Address <b>5030 CHAMPION BOULEVARD, SUITE G11, #284</b>		Street Address		
City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33496</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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	PAR VALUE
		1000	Common	\$0.00

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**

MAY 31 2016

BY 42812  
DS

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]*  
Signature of Authorized Representative

03/18/2016

Date

**Drew E Baratz**

Print or Type Name of Authorized Representative