



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

Form No. 630
Revised: 01/2012

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 of Authorized Representative

03/18/2016

Date

Drew E Baratz

Print or Type Name of Authorized Representative