



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIVISION

2016 OCT 25 PM 12:22

Profit Corporation Annual Report for the year: 2014

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number: 140290 2. Exact name of the Corporation: Sub-Zero Snow Removal + Property Maintenance Inc

3. Principal Office Address: 18 Wilna Street City: Providence State: RI Zip: 02904

4. Business Phone Number: 401-640-4499 5. State of Incorporation: RI

6. Brief description of the character of business conducted in Rhode Island: Snow Plowing + Property Maintenance

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name: Joseph Olson Vice-President Name: Jodi Olson

Street Address: 18 Wilna Street Street Address: 18 Wilna Street

City: Providence State: RI Zip: 02904 City: Providence State: RI Zip: 02904

Secretary Name: Joseph Olson Treasurer Name: Jodi Olson

Street Address: 18 Wilna Street Street Address: 18 Wilna Street

City: Providence State: RI Zip: 02904 City: Providence State: RI Zip: 02904

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name: Joseph Olson Director Name: Jodi Olson

Street Address: 18 Wilna Street Street Address: 18 Wilna Street

City: Providence State: RI Zip: 02904 City: Providence State: RI Zip: 02904

9. Shares Authorized: This information is currently of record in the Department of State. Changes require an additional filing. 10. Shares Issued: Check box to indicate an attachment

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
<u>1000</u>		<u>0.01</u>

11. 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.

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.

Name of Authorized Representative: Jodi Olson Date: 10/17/16

Signature of Authorized Representative: Jodi Olson SIGN DOCUMENT HERE **FILED**

OCT 25 2016

BY CH 28682 / STAMP

12/31/2016