



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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Profit Corporation Annual Report for the year: 2013

2016 OCT 25 PM 12:22

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		2. Exact name of the Corporation			
160290		SubZero Snow Removal + Property Maintenance, Inc.			
3. Principal Office Address		City	State	Zip	
18 Wilna Street		Providence	RI	02904	
4. Business Phone Number		5. State of Incorporation			
401-640-4499		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		Vice-President Name			
Joseph Olson		Jodi Olson			
Street Address		Street Address			
18 Wilna Street		18 Wilna Street			
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904
Secretary Name		Treasurer Name			
Joseph Olson		Jodi Olson			
Street Address		Street Address			
18 Wilna Street		18 Wilna Street			
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name		Director Name			
Joseph Olson		Jodi Olson			
Street Address		Street Address			
18 Wilna Street		18 Wilna Street			
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000		0.01	
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				Date	
Jodi Olson				10/17/16	
Signature of Authorized Representative				SIGN DOCUMENT HERE	
Jodi Olson				FILED	

OCT 25 2016

BY DN 286854
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