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

RECEIVED IN R.I. DEPT. OF STATE
2016 OCT 25 PM 12: 22

Profit Corporation Annual Report for the year: 2012
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	Street Address	City	State	Zip
Joseph Olson	18 Wilna Street	Providence	RI	02904

Vice-President Name	Street Address	City	State	Zip
Jodi Olson	18 Wilna Street	Providence	RI	02904

Secretary Name	Street Address	City	State	Zip
Joseph Olson	18 Wilna Street	Providence	RI	02904

Treasurer Name	Street Address	City	State	Zip
Jodi Olson	18 Wilna Street	Providence	RI	02904

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

Director Name	Street Address	City	State	Zip
Joseph Olson	18 Wilna Street	Providence	RI	02904

Director Name	Street Address	City	State	Zip
Jodi Olson	18 Wilna Street	Providence	RI	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
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: Jodi Olson
Date: 10/17/16
Signature of Authorized Representative: Jodi Olson
SIGN DOCUMENT HERE

FILED
OCT 25 2016
BY 286854
12:27

Form No. 630
Revised: 2016