



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  
 R.I. DEPT. OF STATE  
 BUSINESS DIV.  
 2016 OCT 25 PM 12:22

Profit Corporation Annual Report for the year: 2011

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: 160290 2. Exact name of the Corporation: SubZero 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 <u>Joseph Olson</u>	Vice-President Name <u>Jodi Olson</u>
Street Address <u>18 Wilna Street</u>	Street Address <u>18 Wilna Street</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02904</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02904</u>
Secretary Name <u>Joseph Olson</u>	Treasurer Name <u>Jodi Olson</u>
Street Address <u>18 Wilna Street</u>	Street Address <u>18 Wilna Street</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02904</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02904</u>

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

Director Name <u>Joseph Olson</u>	Director Name <u>Jodi Olson</u>
Street Address <u>18 Wilna Street</u>	Street Address <u>18 Wilna Street</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02904</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02904</u>

9. Shares Authorized:  10. Shares Issued:  Check box to indicate an attachment:

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

This information is currently of record in the Department of State. Changes require an additional filing.

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 du 286834/P

12/26