



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
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R.I. DEPT. OF STATE
BUS. SERVICES DIV.
2016 OCT 25 PM 12:22

Profit Corporation Annual Report for the year: 2010

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
18 Wilna Street		Providence	RI
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)

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

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

9. Shares Authorized	10. Shares Issued
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 Ch 286854
12.25