



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

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 R.I. DEPT. OF STATE
 BUSINESS DIV.

2016 OCT 25 PM 12:22

Profit Corporation Annual Report for the year: 2009

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 <u>160290</u>		2. Exact name of the Corporation <u>SubZero Snow Removal + Property Maintenance, Inc</u>	
3. Principal Office Address <u>18 Wilna Street</u>		City <u>Providence</u>	State <u>RI</u>
4. Business Phone Number <u>401-640-4499</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Snow Plowing + Property Maintenance</u>			
7. List ALL officers (names and addresses)		Check the box to indicate an attachment: <input type="checkbox"/>	
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>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</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>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
8. List ALL directors (names and addresses)		Check the box to indicate an attachment: <input type="checkbox"/>	
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>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
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 <u>1000</u>	CLASS/SERIES <u></u>
			PAR VALUE <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 <u>Jodi Olson</u>		Date <u>10/17/16</u>	
Signature of Authorized Representative <u>Jodi Olson</u>		SIGN DOCUMENT HERE	

FILED

OCT 25 2016

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