



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 517		2. Exact name of the Corporation AID MAINTENANCE CO., INC.			
3. Principal Office Address 300 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 56 - Administrative and Support		6. Brief description of the character of business conducted in Rhode Island janitorial, cleaning and improvement of domestic, commercial, industrial and institutional buildings			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KENNETH LOISELLE			Vice-President Name		
Street Address 300 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name JOHN D. BIAFORE			Treasurer Name DANIEL NOURY		
Street Address 478A Broadway			Street Address 300 Roosevelt Avenue		
City Providence	State RI	Zip 02909	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KENNETH LOISELLE			Director Name		
Street Address 300 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value
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 KENNETH LOISELLE, President					Date 2/7/17
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 10 2017
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