



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 277291		2. Exact name of the Corporation AID MAINTENANCE CO. II, INC.			
3. Principal Office Address 300 Roosevelt Avenue		City Pawtucket		State RI	Zip 02860
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island JANITORIAL, CLEANING AND IMPROVEMENT SERVICES				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DANA J. LOISELLE			Vice-President Name N/A		
Street Address 300 ROOSEVELT AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name DANA J. LOISELLE			Treasurer Name DANA J. LOISELLE		
Street Address 300 ROOSEVELT AVENUE			Street Address 300 ROOSEVELT AVENUE		
City PAWTUCKET	State RI	Zip 02860	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 DANA J. 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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$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. <i>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.</i>					
Name of Authorized Representative DANA J. LOISELLE, PRESIDENT				Date 2/7/16	
Signature of Authorized Representative SIGN DOCUMENT HERE					

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

FILED

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FORM 630 - Revised: 10/2016