
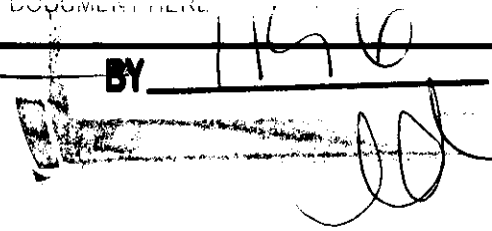




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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 <b>40520</b>		2. Exact name of the Corporation <b>COMMERCIAL MAINTENANCE CONSULTANTS, INC.</b>			
3. Principal Office Address <b>300 Roosevelt Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>56 - Administrative and Support</b>		6. Brief description of the character of business conducted in Rhode Island <b>commercial and industrial cleaning and janitorial services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>DANA LOISELLE</b>			Vice-President Name		
Street Address <b>300 Roosevelt Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Secretary Name <b>JOHN D. BIAFORE</b>			Treasurer Name <b>DANA LOISELLE</b>		
Street Address <b>478A Broadway</b>			Street Address <b>300 Roosevelt Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>DANA LOISELLE</b>			Director Name		
Street Address <b>300 Roosevelt Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>common</b>	PAR VALUE <b>no par value</b>
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 <b>DANA LOISELLE, President</b>				Date <b>3/31/17</b>	
Signature of Authorized Representative 				<b>FILED</b> <b>MAR 06 2017</b>	
SIGN DOCUMENT HERE <b>BY</b> <u>1156</u> 					

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