



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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 <u>56179</u>		2. Exact name of the Corporation <u>MAINTENANCE PLUS, INC</u>	
3. Principal Office Address <u>148 FORT STREET</u>		City <u>EAST PROVIDENCE R.I.</u>	State <u>R.I.</u>
		Zip <u>02914 5140</u>	
4. NAICS Code <u>561621</u>	6. Brief description of the character of business conducted in Rhode Island <u>ELECTRICIAN, REPAIRS & MAINTENANCE</u>		
5. State of Incorporation <u>RAHDE ISLAND</u>	(COMMERCIAL & RESIDENTIAL)		
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>JOSEPH J. SOUSA</u>		Vice President Name <u>JOAN M. SOUSA</u>	
Street Address <u>148 FORT STREET</u>		Street Address <u>148 FORT STREET</u>	
City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>	City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>
Zip <u>02914</u>		Zip <u>02914</u>	
Secretary Name <u>JOAN M. SOUSA</u>		Treasurer Name <u>JOSEPH J. SOUSA</u>	
Street Address <u>148 FORT STREET</u>		Street Address <u>148 FORT STREET</u>	
City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>	City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>
Zip <u>02914</u>		Zip <u>02914</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>JOSEPH J. SOUSA</u>		Director Name <u>JOAN M. SOUSA</u>	
Street Address <u>148 FORT STREET</u>		Street Address <u>148 FORT STREET</u>	
City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>	City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>
Zip <u>02914</u>		Zip <u>02914</u>	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address <u>NONE</u>		Street Address <u>NONE</u>	
City <u>NONE</u>	State <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>		Zip <u>NONE</u>	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>300</u>	
		<u>COMMON</u>	
		<u>NO PAR</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>JOSEPH J. SOUSA</u>		Date <u>2-5-2018</u>	
Signature of Authorized Representative <u>Joseph J. Sousa</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

FILED

FORM 630 - Revised: 10/2017

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BY 1380 DS