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	2. Exact name of the Corporation			
56179	MAINTENANCE PLUS, INC			
3. Principal Office Address		City	State	Zip
148 FORT STREET		EAST PROVIDENCE	R.I.	02914 5140
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561621	ELECTRICIAN, REPAIRS & MAINTENANCE (COMMERCIAL & RESIDENTIAL)			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice President Name		
JOSEPH J. SOUSA			JOAN M. SOUSA		
Street Address			Street Address		
148 FORT STREET			148 FORT STREET		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	R.I.	02914	EAST PROVIDENCE	R.I.	02914
Secretary Name			**Treasurer Name**		
JOAN M. SOUSA			JOSEPH J. SOUSA		
Street Address			Street Address		
148 FORT STREET			148 FORT STREET		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	R.I.	02914	EAST PROVIDENCE	R.I.	02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
JOSEPH J. SOUSA			JOAN M. SOUSA		
Street Address			Street Address		
148 FORT STREET			148 FORT STREET		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	R.I.	02914	EAST PROVIDENCE	R.I.	02914
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
NONE			NONE		
City	State	Zip	City	State	Zip
NONE	NONE	NONE	NONE	NONE	NONE

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	COMMON	NO PAR

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	Date
JOSEPH J. SOUSA	2-5-2018

Signature of Authorized Representative: Joseph J. Sousa

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

FEB 14 2018

BY 1380 DS

FORM 630 - Revised: 10/2017