



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR 23 PM 12:14

1. Entity ID Number 507450		2. Exact name of the Corporation Sunset Maintenance, Inc.									
3. Principal Office Address 12 Sunset Avenue		City Riverside		State RI	Zip 02915						
4. NAICS Code 81561720		6. Brief description of the character of business conducted in Rhode Island Janitorial									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Eduardo Jesus			Vice-President Name N/A								
Street Address 12 Sunset Avenue			Street Address								
City Riverside	State RI	Zip 02915	City	State	Zip						
Secretary Name Ashley Silva			Treasurer Name								
Street Address Same as above			Street Address								
City	State	Zip	City	State	Zip						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name N/A			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>\$1.00</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		\$1.00
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100		\$1.00									
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 Eduardo Jesus				Date March 23, 2018							
Signature of Authorized Representative				FILED 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

MAR 23 2018

BY

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FORM 630 - Revised: 10/2017