



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

Annual Report for the year: 2019
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 561720		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		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	CLASS/SERIES	PAR VALUE	
		100	COMMON	\$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 2/8/19	
Signature of Authorized Representative				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2616
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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