



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 MAR 20 PM 2:36

1. Entity ID Number 0007368		2. Exact name of the Corporation CONTRACT SERVICES & MAINTENANCE CO., INC.	
3. Principal Office Address 900 CHARLES STREET		City NORTH PROVIDENCE	State RI
		Zip 02904	
4. NAICS Code 8115112	6. Brief description of the character of business conducted in Rhode Island MOTOR VEHICLE, SNOW PLOWING AND OTHER RELATED SERVICES		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DAVID L. PESCE		Vice-President Name JOANNE R. PESCE	
Street Address 14 HIGH VIEW DRIVE		Street Address 14 HIGH VIEW DRIVE	
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD
			State RI
			Zip 02917
Secretary Name DAVID L. PESCE		Treasurer Name DAVID L. PESCE	
Street Address 14 HIGH VIEW DRIVE		Street Address 14 HIGH VIEW	
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD
			State RI
			Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DAVID L. PESCE		Director Name	
Street Address 14 HIGH VIEW DRIVE		Street Address	
City SMITHFIELD	State RI	Zip 02917	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	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. FILED			
Name of Authorized Representative DAVID L. PESCE			Date 02-25-19
Signature of Authorized Representative <i>David L. Pesce</i>			BY <i>99XG9</i>