



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

Annual Report for the year: 2020
 Corporation

FILED

JAN 22 2020

154920

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

1. Entity ID Number 56179		2. Exact name of the Corporation MAINTENANCE PLUS, INC.			
3. Principal Office Address 148 FORT STREET		City EAST PROVIDENCE R.I.	State R.I.	Zip 02914	
4. NAICS Code 531621		6. Brief description of the character of business conducted in Rhode Island ELECTRICIAN, REPAIRS + MAINTENANCE			
5. State of Incorporation RHODE ISLAND		(COMMERCIAL + RESIDENTIAL)			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOSEPH J. SOUSA		Vice-President Name JOAN M. SOUSA			
Street Address 148 FORT STREET		Street Address 148 FORT STREET			
City EAST PROVIDENCE	State R.I.	Zip 02914	City EAST PROVIDENCE	State R.I.	Zip 02914
Secretary Name JOAN M. SOUSA		Treasurer Name JOSEPH J. SOUSA			
Street Address 148 FORT STREET		Street Address 148 FORT STREET			
City EAST PROVIDENCE	State R.I.	Zip 02914	City EAST PROVIDENCE	State R.I.	Zip 02914
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JOSEPH J. SOUSA		Director Name JOAN M. SOUSA			
Street Address 148 FORT STREET		Street Address 148 FORT STREET			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State R.I.	Zip 02914
Director Name NONE		Director Name NONE			
Street Address NONE		Street Address NONE			
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
9. Shares Authorized		10. Shares Issued			
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 JOSEPH J. SOUSA				Date 1-8/2020	
Signature of Authorized Representative <i>Joseph Sousa</i>				SIGN DOCUMENT HERE	