



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Corporation

2020

FILED

JAN 22 2020

BY

154920

- 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 <u>56179</u>		2. Exact name of the Corporation <u>MAINTENANCE Plus, INC.</u>			
3. Principal Office Address <u>148 FORT STREET</u>		City <u>EAST PROVIDENCE R.I.</u>		State <u>R.I.</u>	
4. NAICS Code <u>531621</u>		6. Brief description of the character of business conducted in Rhode Island <u>ELECTRICIAN, REPAIRS + MAINTENANCE</u>			
5. State of Incorporation <u>RHODE ISLAND</u>		(COMMERCIAL + RESIDENTIAL)			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>JOSEPH J. SOUSA</u>			Vice-President Name <u>JOAN M. SOUSA</u>		
Street Address <u>148 FORT STREET</u>			Street Address <u>148 FORT STREET</u>		
City <u>EAST PROVIDENCE</u>		State <u>R.I.</u>		Zip <u>02914</u>	
Secretary Name <u>JOAN M. SOUSA</u>			Treasurer Name <u>JOSEPH J. SOUSA</u>		
Street Address <u>148 FORT STREET</u>			Street Address <u>148 FORT STREET</u>		
City <u>EAST PROVIDENCE</u>		State <u>R.I.</u>		Zip <u>02914</u>	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>JOSEPH J. SOUSA</u>			Director Name <u>JOAN M. SOUSA</u>		
Street Address <u>148 FORT STREET</u>			Street Address <u>148 FORT STREET</u>		
City <u>EAST PROVIDENCE</u>		State <u>R.I.</u>		Zip <u>02914</u>	
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address <u>NONE</u>			Street Address <u>NONE</u>		
City <u>NONE</u>		State <u>NONE</u>		Zip <u>NONE</u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>300</u>		
			<u>COMMON</u>		
			<u>NO PAR</u>		
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 <u>JOSEPH J. SOUSA</u>					Date <u>1-8/2020</u>
Signature of Authorized Representative <u>[Signature]</u> <span style="float:right">SIGN DOCUMENT HERE</span>					