



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

Annual Report for the year: 2020
 Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 FEB -3 PM 2:13

- 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 160290		2. Exact name of the Corporation Sub-Zero Snow Removal + Property Maintenance Inc			
3. Principal Office Address 221 Tower Hill Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping Snow Blowing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Olson			Vice-President Name Jodi Olson		
Street Address 221 Tower Hill Road			Street Address 221 Tower Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name			Treasurer Name		
Street Address			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			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"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. 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					Date
Signature of Authorized Representative					

SIGN DOCUMENT **FILED**

FEB 03 2020 2:15
 BY SCDBE