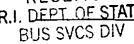
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2020 FEB 21 P 12: 23

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Penany: Additional \$25.001	tee it form is not	t nied by April 1.				
1. Entity ID Number		2. Exact name of the Corporation				
295192	J8M	JBM. MAINTENANCE INC City PAWFOCKET PI 02861				
3. Principal Office Address			City	State	Zip	
		PAWtocked	RI	05861		
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island				
\$61720			_]	
5. State of Incorporation	$\exists \boldsymbol{\mathcal{E}}$	Lanning	Service			
RI			,			
7. List ALL officers (names and ad	ddresses)			neck the box to indic	ate an attachment	
President Name JESSiGA CAUCH!			Vice-President Name			
Street Address 1015 Pork AUC City Awtuck I State Zip OZ8C1			Street Address			
CHY Aw tuck - I	State	Zip 02861	City	State	Zip	
Secretary Name Sen : Con Caucali			Treasurer Name			
Secretary Name JEnnifer CAUCALI Street Address 1015 Forth AUC City PAWTUCK: 1 State 2 2ip 2261			Street Address			
City Pawtucks 1	State 121	2ip □ ≥861	City	State	Zip	
8. List ALL directors (names and			C	heck the box to indi	cate an attachment	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name		 ,	Director Name		•	
Street Address			Street Address			
City	State	Žip	City	State	Ζip	
9. Shares Authorized	10. Shares Issu					
This information is currently of record in the Department of State.		NUMBER OF	SHARES CLAS	CLASS/SERIES PAR VALUE		
l i		(ノ		\mathcal{O}_{-}	
Changes require an additional fili	ng.					
11. This report must be executed trustee, this report must be executed				corporation is in th	e hands of a receiver or	
Under penalty of perjury, I dec statements, and that all states	clare and affirm	that I have examin	ed this report, including any	accompanying sci	hedules and	
Name of Authorized Representative				Date 2 - 21 - 20		
	g.	<u>erl</u>		2-	41-40	
Signature of Authorized Repres	entative	1 (2)	FILED			
Jular		4	FFR 9 1 mm	20 /= 10		
MAIL TO:			, LO DI ZUZ	· / / · / ·	b u	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017