RI SOS Filing Number: 202034904060 Date: 2/21/2020 12:46:00 PM

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

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**Annual Report for the year:** 2020
**Corporation**

→ 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 | 2 Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000940995 | The Maintenance Connection, Inc | | | |
| 3 Principal Office Address | | City | State | Zip |
| PO Box 16637 | | Scarborough | ME | 04074 |
| NAICS Code | 6 Brief description of the character of business conducted in Rhode Island | | | |
| 444130 | Sales of Maintenance Supplies | | | |
| 5 State of Incorporation | | | | |
| Maine | | | | |

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| John M. Clark | |
| Street Address | Street Address |
| 159 Elderberry Dr | |
| City / State / Zip | City / State / Zip |
| South Portland ME 04106 | |
| Secretary Name | Treasurer Name |
| | |
| Street Address | Street Address |
| | |
| City / State / Zip | City / State / Zip |
| | |

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8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| None | None |
| Street Address | Street Address |
| | |
| City / State / Zip | City / State / Zip |
| | |
| Director Name | Director Name |
| None | None |
| 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 ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 765 | CNP | 0.0000 |
| | | |

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: John M. Clark
Date: 2.1.2020
Signature of Authorized Representative: John Clark

**FILED**
FEB 21 2020
12:46
BY 3YF34

MAIL TO:
**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