RI SOS Filing Number: 202040505330 Date: 5/19/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

2020 MAY 19 AM 11:50

→ 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 (Detumber 9.5	2. Exact name	of the Corporation	phalt (Mointen	ance	Caporation	
3. Principal Office Address		•	1 11 1 11 11 11 11	zsbueg	State	26 10)	
State of incorporation List ALL officers (names and add	Asph	ation of the character	erance				
Prestrent Name VIERHELLE	Vice-President Name Vice-President Name Social Williams						
Streng address Edgelawn S	<u> </u>		Street Address) · · · · ·	9		
PARKERS Lung	State W	Zip 26101	City Cut	ve	State	2°45724	
Secretary Name OVER VIERHEILE Street Address Street Address							
SAA.	T-:		5.a.a.	<u>.</u>			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad	Idresses)		<u>. </u>	Check ti	he box to inc	dicate 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	Zíp	City		State	Zıp	
9. Shares Authorized 10. Shares Iss							
This information is currently of record in the Department of State.		NUMBER OF SE					
Changes require an additional filing.		5,00	0	<u> </u>		\$ 0.0100	
11. This report must be executed or	n behalf of the co	orporation by an aut	horized represen	tative. If the corpora	ation is in the	e 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 Signature of Authorized Representative Signature of Authorized Representative							
Signature of Authorized Representa	ative	SIGN 000L	MENT HERF	LED			
MAIL TO: Division of Business Services		- ,	MAY	1 9 2020	· · · ·		

Division of Business Services

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

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

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FORM 630 - Revised: 02/2017