



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

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2020 MAY 19 AM 11:50

1. Entry ID Number 418995		2. Exact name of the Corporation Affordable Asphalt Maintenance Corporation												
3. Principal Office Address 3611 Camden		City PARKERSBURG		State WV	Zip 26101									
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Asphalt maintenance												
5. State of Incorporation WV														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name JOYCE VIERHEILER			Vice President Name Gordon Williams											
Street Address 106 Edgemoor St			Street Address 4220 BURNETT RD											
City PARKERSBURG	State WV	Zip 26101	City Cutler	State OH	Zip 45724									
Secretary Name JOYCE VIERHEILER			Treasurer Name JOYCE VIERHEILER											
Street Address S.A.A.			Street Address S.A.A.											
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"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td style="text-align:center">5,000</td> <td style="text-align:center">STK</td> <td style="text-align:center">\$ 0.0100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5,000	STK	\$ 0.0100			
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5,000	STK	\$ 0.0100												
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 JOYCE VIERHEILER				Date 5/13/2020										
Signature of Authorized Representative <i>[Signature]</i>				FILED										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 19 2020

BY _____

FORM 630 - Revised: 02/2017