| DI SOS Eiling  | Number: 202                               | 040661260                             | Data: 5/21/20                           | 20 2:44:00 E                |                 |                   |             |
|--|---|---------------------------------------|---|-----------------------------|-----------------|-------------------|-------------|
| RI SOS Filing State of Rhode Island and                                  | l Providence Plan                         | itations                              | Date: 5/21/20                           | /20 2.44.00 F               | TIVI _          | <del></del>       |             |
| Department of Sta  | te - Busines                              | s Services D                          | ivision                                 |                             |                 |                   |             |
| Annual Report for the year:  |   |                                       | Dic                                     | RECEIVED                    |                 |                   |             |
| Corporation $\frac{\sim o(x)}{}$   |   |                                       |   | EPT. OF STAT<br>IS SVCS DIV | Έ               |                   |             |
| → Filing period: January 1 - March 1                                     |   |                                       |   |                             |                 |                   |             |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe                   | 2858 WY                                   | Y21 PM 2:                             | 36                                      |                             |                 |                   |             |
| 1. Entity ID Number  |   | f the Corporation                     | <del>-</del>                            | <del></del>                 |                 |                   | <del></del> |
| 00159697   | ABB                                       | Property                              | Maratar                                 | in the                      |                 |                   |             |
| 3. Principal Office Address  |   | Jilles G                              | City                                    | nce Inc                     | State           | Zip               |             |
| 113 Bluff Str  | eet                                       |                                       | River                                   | Siala.                      | RI              | ,                 | 915         |
| 4. NAICS Code  | <ol><li>Brief descripti</li></ol>         | on of the characte                    |   |                             |                 |                   | -110        |
| 811310   | Property maintenance                      |                                       |   |                             |                 |                   |             |
| 5. State of Incorporation  | Troperty                                  | THATTE                                | rice                                    |                             |                 |                   |             |
| RI   |   |                                       |   |                             |                 |                   |             |
| <ol><li>List ALL officers (names and add<br/>President Name</li></ol>    | Check the box to indicate an attachment □ |                                       |   |                             |                 |                   |             |
| Terry A. Barnatt Sr.   |   |                                       | Vice-President Name Terry A. Barrat Sr. |                             |                 |                   |             |
| Street Address   | Street Address                            |                                       |   |                             |                 |                   |             |
| city 113 Bluff Str   | State                                     | Zip                                   | City                                    | Bluff St                    | I Charle        | Izio              |             |
| Riverside  | KI  | 02915                                 | River                                   | خنظو                        | State           | Zip O 3           | 1915        |
| Secretary Name   | rry A.B                                   | Arrall So                             | Treasurer Name                          | Teth                        |                 |                   |             |
| Street Address 117 Russ Street   |   |                                       | Street Address                          |                             |                 |                   |             |
| City D State 3 -  Zip  |   |                                       | City State Zip                          |                             |                 |                   |             |
| Kiverisale   | RI  | 02915                                 | Rivers                                  | سامك                        | State           | Zip               | 315         |
| List ALL directors (names and ad<br>Director Name                        | dresses)                                  |                                       |   | Check                       | the box to in   | ndicate an attacl | nment 🔲     |
|  | Director Name                             |                                       |   |                             |                 |                   |             |
| Street Address   | Street Address                            |                                       |   |                             |                 |                   |             |
| City   | State                                     | Zip                                   | City                                    |                             | State           | Zip               |             |
| Director Name  |   | <u> </u>                              | Director Name                           |                             |                 |                   |             |
| Street Address   |   |                                       |   |                             |                 |                   |             |
|  |   |                                       | Street Address                          |                             |                 |                   |             |
| City   | State                                     | Zip                                   | City                                    |                             | State           | Zip               |             |
| 9. Shares Authorized   |   | 10. Shares Issue                      | d                                       | Chack                       | the hey to in   | dicate an attact  | most 🗆      |
| his information is currently of record                                   | NUMBER OF SHARES CLASS/SERIE              |                                       |   | are pox to in               | PAR VALUE       |                   |             |
| Department of State.<br>Changes require an additional filing.            |   | $\mathbf{I}$                          |   |                             |                 |                   |             |
|  |   |                                       | <del></del>                             |                             |                 |                   |             |
| 1. This report must be executed on                                       | behalf of the con                         | poration by an auti                   | norized represents                      | tive If the como            | ration is in th | ne hande of a re  | cehver or   |
| rasiee, ruis report must be executed                                     | d on behalf of the                        | corporation by the                    | receiver or truste                      | è                           |                 |                   | OCIVEI UI   |
| Inder penalty of perjury, I declare<br>statements, and that all statemen | ts contained her                          | I have examined<br>ein are true and d | this report, inclui                     | ding any accom              | panying sc      | hedules and       |             |
| Name of Authorized Representative  |   |                                       |   |                             | Date            |                   |             |
| Tierry A Borratt Sc. Signature of Authorized Representative              |   |                                       |   |                             | 51              | 21/2020           | 5           |
| Signature of Authorized Representa                                       | tive                                      | SIGN DOCK                             | MENT FILED                              |                             | <u>*</u>        |                   |             |

MAIL TO:

Division of Business Services

Website: www.sos.n.gov

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

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FORM 630 - Revised: 10/2017