



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.

**FILED**

OCT 20 2020

BY

13544  
LOA

1. Entity ID Number <b>001702760</b>		2. Exact name of the Corporation <b>MAYNARD Construction Builder, Remodeler Contractor INC.</b>	
3. Principal Office Address <b>3 NORTH AVE</b>		City <b>ATTLEBORO</b>	State <b>MA</b>
		Zip <b>02703</b>	
4. NAICS Code <b>238170</b>	6. Brief description of the character of business conducted in Rhode Island <b>Remodeling Contractor. (Residential)</b>		
5. State of Incorporation <b>MA.</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>DANIEL MAYNARD</b>		Vice-President Name <b>DANIEL MAYNARD</b>	
Street Address <b>3 NORTH AVE</b>		Street Address <b>SAME</b>	
City <b>ATTLEBORO</b>	State <b>MA</b>	City <b>ATTLEBORO</b>	State <b>MA</b>
Zip <b>02703</b>		Zip <b>02703</b>	
Secretary Name <b>DANIEL MAYNARD</b>		Treasurer Name <b>DANIEL MAYNARD</b>	
Street Address <b>3 NORTH AVE</b>		Street Address <b>SAME</b>	
City <b>ATTLEBORO</b>	State <b>MA</b>	City <b>ATTLEBORO</b>	State <b>MA</b>
Zip <b>02703</b>		Zip <b>02703</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>---</b>		Director Name <b>---</b>	
Street Address <b>---</b>		Street Address <b>---</b>	
City <b>---</b>	State <b>---</b>	City <b>---</b>	State <b>---</b>
Zip <b>---</b>		Zip <b>---</b>	
Director Name <b>---</b>		Director Name <b>---</b>	
Street Address <b>---</b>		Street Address <b>---</b>	
City <b>---</b>	State <b>---</b>	City <b>---</b>	State <b>---</b>
Zip <b>---</b>		Zip <b>---</b>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>275,000</b>	CLASS/SERIES <b>---</b>
		PAR VALUE <b>---</b>	
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 <b>DANIEL MAYNARD</b>		Date <b>10/14/20</b>	
Signature of Authorized Representative <b>Daniel Maynard</b>		SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov