



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 JAN 15 A 8:59

1. Entity ID Number 000114256		2. Exact name of the Corporation Adopt-A-Highway Maintenance Corporation												
3. Principal Office Address 3158 Red Hill Avenue, Suite 200			City Costa Mesa	State CA	Zip 92626									
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Solicitation of Sponsors To Adopt Public Highway Litter Removal												
5. State of Incorporation CA														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Patricia Nelson			Vice-President Name											
Street Address 3158 Red Hill Avenue, Suite 200			Street Address											
City Costa Mesa	State CA	Zip 92626	City	State	Zip									
Secretary Name Daniel Day			Treasurer Name											
Street Address 3158 Red Hill Avenue, Suite 200			Street Address											
City Costa Mesa	State CA	Zip 92626	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Peter Morin			Director Name Daniel Day											
Street Address 3158 Red Hill Avenue, Suite 200			Street Address 3158 Red Hill Avenue, Suite 200											
City Costa Mesa	State CA	Zip 92626	City Costa Mesa	State CA	Zip 92626									
Director Name Dennis Day			Director Name											
Street Address 3158 Red Hill Avenue, Suite 200			Street Address											
City Costa Mesa	State CA	Zip 92626	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>9.000</td> <td>CNP</td> <td>0.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	9.000	CNP	0.0000			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
9.000	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 Phillip Chow				Date 01-14-2021										
Signature of Authorized Representative 				<b>FILED</b>										

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2815  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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