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 8:58

1. Entity ID Number	2. Exact name of the Corporation			
000114256	Adopt-A-Highway Maintenance Corporation			
3. Principal Office Address		City	State	Zip
3158 Red Hill Avenue, Suite 200		Costa Mesa	CA	92626
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812990	Solicitation of Sponsors To Adopt Public Highway Litter Removal			
5. State of Incorporation				
CA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Philip Chow	01-14-2021

Signature of Authorized Representative

FILED
JAN 15 2021
BY 4KC86

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

FORM 630 - Revised: 08/2020

$50