



State of Rhode Island  
Department of State - Business Services Division

**FILED**  
STAMP

Annual Report for the year: 2021  
Corporation

JAN 20 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

BY 101300

1. Entity ID Number <u>56179</u>		2. Exact name of the Corporation <u>MAINTENANCE PLUS, INC.</u>			
3. Principal Office Address <u>148 FORT STREET</u>		City <u>EAST PROVIDENCE R.I</u>	State <u>R.I</u>	Zip <u>02914</u>	
4. NAICS Code <u>561621</u>		6. Brief description of the character of business conducted in Rhode Island <u>ELECTRICIAN, REPAIRS + MAINTENANCE</u>			
5. State of Incorporation <u>RHODE ISLAND</u>		(COMMERCIAL + RESIDENTIAL)			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>JOSEPH J SOUSA</u>		Vice-President Name <u>JUAN M. SOUSA</u>			
Street Address <u>148 FORT STREET</u>		Street Address <u>148 FORT STREET</u>			
City <u>EAST PROVIDENCE</u>	State <u>R.I</u>	Zip <u>02914</u>	City <u>EAST PROVIDENCE</u>	State <u>R.I</u>	Zip <u>02914</u>
Secretary Name <u>JUAN M. SOUSA</u>		Treasurer Name <u>JOSEPH J SOUSA</u>			
Street Address <u>148 FORT STREET</u>		Street Address <u>148 FORT STREET</u>			
City <u>EAST PROVIDENCE</u>	State <u>R.I</u>	Zip <u>02914</u>	City <u>EAST PROVIDENCE</u>	State <u>R.I</u>	Zip <u>02914</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>JOSEPH J SOUSA</u>		Director Name <u>JUAN M. SOUSA</u>			
Street Address <u>148 FORT STREET</u>		Street Address <u>148 FORT STREET</u>			
City <u>EAST PROVIDENCE</u>	State <u>R.I</u>	Zip <u>02914</u>	City <u>EAST PROVIDENCE</u>	State <u>R.I</u>	Zip <u>02914</u>
Director Name <u>NONE</u>		Director Name <u>NONE</u>			
Street Address <u>NONE</u>		Street Address <u>NONE</u>			
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>300</u>		<u>Common</u>	<u>NO PAR</u>
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 <u>JOSEPH J SOUSA</u>				Date <u>1-11-2021</u>	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:  
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