State of Rhode Island

Department of State - Business Services Division

FILED

FEB 05 2021 P

BY

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.

1. Entity ID Number	2. Exact name of the Corporation
517	AID MAINTENANCE CO., INC.

3. Principal Office Address	City	State	Zip
300 Roosevelt Avenue	Pawtucket	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561720	janitorial, cleaning and improvement of domestic, commercial, industrial and institutional buildings
5. State of Incorporation	
RI	

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

President Name KENNETH LOISELLE			Vice-President Name		
Street Address 300 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name JOHN D. BIAFORE			Treasurer Name DANIEL NOURY		
Street Address 253 Main Street			Street Address 300 Roosevelt Avenue		
City East Greenwich	State RI	Zip 02818	City Pawtucket	State RI	Zip 02860

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

Director Name KENNETH LOISELLE			Director Name		
Street Address 300 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 — Check the box to indicate an attachment ☑

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	no par value

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
KENNETH LOISELLE	1/21/2021

Signature of Authorized Representative: Treasurer

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020