



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

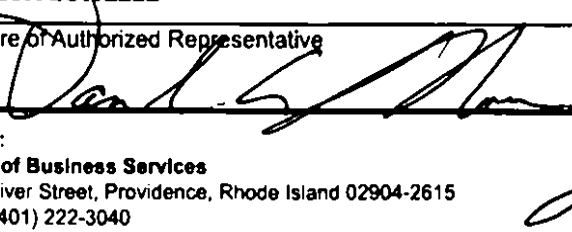
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 05 2021 P

BY

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1. Entity ID Number 517		2. Exact name of the Corporation AID MAINTENANCE CO., INC.			
3. Principal Office Address 300 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island 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			10. Shares Issued Check the box to indicate an attachment ☒		
This information is currently of record in the Department of State. Changes require an additional filing.			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 KENNETH LOISELLE				Date 1/21/2021	
Signature of Authorized Representative 					

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