



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 81716		2. Name of Corporation ABM, Inc.			
3. Street Address (Principal Business Office) PO Box 1788			City Block Island	State RI	Zip 02807
4. Business Phone No. 401-466-5883		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bradford G. Marthens			Vice President Name Anne C. Marthens		
Street Address PO Box 1788			Street Address PO Box 1788		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Anne C. Marthens			Treasurer Name Bradford G. Marthens		
Street Address PO Box 1788			Street Address PO Box 1788		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bradford G. Marthens			Director Name Anne C. Marthens		
Street Address PO Box 1788			Street Address PO Box 1788		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series common	Par Value \$1.00 par value
			THIS SECTION MUST BE COMPLETED		

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.

FILED

File Date _____

Check No. _____

BY: 32529

FEB 10 2021

FOR SECRETARY OF STATE USE ONLY

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.

Signature: Bradford G. Marthens Date: 2-2-21

Print or Type Name: President

Title: _____