



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
JUN 04 2021

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1. Entity ID Number 001704892		2. Exact name of the Corporation Facility Solutions NE Inc			
3. Principal Office Address 611 high st, suite 442			City deham	State Ma	Zip 02026
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island provided housekeeping and Laundry services to nursing homes, assited living and adult day care			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Pablo Smidt			Vice-President Name Luciene Dos Santos		
Street Address 15 Pinehurst Av			Street Address 601 Starwberry hill rd		
City Providence	State RI	Zip 02908	City centerville	State MA	Zip 02632
Secretary Name			Treasurer Name Benjamin Smidt		
Street Address			Street Address 15 Pinehurst Av		
City	State	Zip	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	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 Pablo Smidt				Date 5/29/2021	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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