| State of Rhode Island Fee: \$50.00<br>Office of the Secretary of State  |  |  |  |  |  |
|---|--|--|--|--|--|
| Division Of Business Services<br>148 W. River Street<br>Providence RI 02904-2615  |  |  |  |  |  |
| <b>1636</b> (401) 222-3040  |  |  |  |  |  |
| Business Corporation<br>Annual Report<br>Filing Period: February 1 - May 1  |  |  |  |  |  |
| 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. |  |  |  |  |  |
| ANNUAL REPORT YEAR: 2023  |  |  |  |  |  |
| 1. Corporate ID No. 001714891   |  |  |  |  |  |
| 2. Name of Corporation <u>CAPO MAINTENANCE INC.</u>   |  |  |  |  |  |
| 3. Street Address Principal Business Office:  |  |  |  |  |  |
| No. and Street: <u>107 A CUCUMBER HILL RD</u>   |  |  |  |  |  |
| City or Town:FOSTERState: RIZip: 02825Country: USA  |  |  |  |  |  |
| 4. Business Phone No.   |  |  |  |  |  |
| <u>401-338-1076</u>   |  |  |  |  |  |
| 5. State of Incorporation   |  |  |  |  |  |
| State: <u>RI</u>  |  |  |  |  |  |
| ARTICLE III   |  |  |  |  |  |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.  |  |  |  |  |  |
| <u>561790</u>   |  |  |  |  |  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island   |  |  |  |  |  |
| MAINTENANCE REPAIR OF BUILDINGS.  |  |  |  |  |  |
| 7. Names and Addresses of the Officers and Directors:   |  |  |  |  |  |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.   |  |  |  |  |  |
| Title Individual Name Address   |  |  |  |  |  |

| 1         | First, Middle, Last, Suffix                                      | Address, City or Town, State, Zip Code, Country  |  |
|-----------|--|--|--|
| PRESIDENT | LORI A MODICA<br>107A CUCUMBER HILL ROAL<br>FOSTER, RI 02825 USA |  |  |
| TREASURER | LORI A MODICA  | 107 A CUCUMBER HILL ROAD<br>FOSTER, RI 02825 USA |  |
| SECRETARY | LORI A MODICA  | 107 A CUCUMBER HILL ROAD<br>FOSTER, RI 02825 USA |  |
| DIRECTOR  | LORI A MODICA  | 107 A CUCUMBER HILL ROAD<br>FOSTER, RI 02825 USA |  |

## 8. Shares Authorized and Issued

|                |                 |               |                  | Total Issued |
|----------------|-----------------|---------------|------------------|--------------|
| Class of Stock | Series of Stock | Par Value Per |                  | and          |
|                |                 | Share         | Total Authorized | Outstanding  |
|                |                 |               | Shares           | Num of       |
|                |                 |               | Number of Shares | Shares       |
| CWP            |                 | \$0.0100      | 100.00           | 100          |

9. 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.

**Signed this 19 Day of January, 2023 at 1:55:53 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By LORI MODICA

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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