

FILED



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

JAN 23 2023
 BY 4783 DS
2023

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 14046		2. Exact name of the Corporation Statewide Floor Maintenance, Inc.		
3. Principal office address 41 Greenville Road		City North Smithfield	State RI	Zip 02896
4. Business Phone No. (401) 765-5380		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island general cleaning business				
7. LIST ALL OFFICERS (NAME AND ADDRESS) (X BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name DAVID Bouvier		Vice-President Name David Bouvier		
Street Address 41 Greenville Road		Street Address 41 Greenville Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI
Zip 02896	Secretary Name David Bouvier		Treasurer Name DAVID Bouvier	
Street Address 41 Greenville Road		Street Address 41 Greenville Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI
Zip 02896	8. LIST ALL DIRECTORS (NAME AND ADDRESS) (X BOX FOR ATTACHMENT) <input type="checkbox"/>		9. SHARES AUTHORIZED	
Director Name DAVID Bouvier		10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
Street Address 41 Greenville Road		NUMBER OF SHARES		
City North Smithfield		CLASS/SERIES		
State RI	Zip 02896	PAR VALUE		
Director Name		100		
Street Address		Common		
City		No Par Value		
State	Zip			
Director Name				
Street Address				
City				
State	Zip			
Director Name				
Street Address				
City				
State	Zip			
Director Name				
Street Address				
City				
State	Zip			

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.

File Date: _____
 Check No: _____
 By: _____
 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 all statements contained herein are true and correct.

David Bouvier 2/19/23
 Signature Date
DAVID Bouvier, President
 Title or Type Name of Authorized Representative