



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1


→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED TAMP

FEB 27 2023

BY 1440

1. Entity ID Number 40520		2. Exact name of the Corporation COMMERCIAL MAINTENANCE CONSULTANTS, 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 commercial and industrial cleaning and janitorial services												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name DANA 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 DANA LOISELLE												
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 <input type="checkbox"/>														
Director Name DANA 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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>common</td><td>no par value</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par value			
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 DANA LOISELLE, President				Date 2/24/2023										
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: 11/2021