



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2021**

**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS DIV.

1. Entity ID Number <b>000001481</b>		2. Exact name of the Corporation <b>Summit Maintenance Company, Inc</b>	
3. Principal Office Address <b>320 Newport Avenue</b>		City <b>Rumford</b>	State <b>RI</b>
		Zip <b>02916</b>	
4. NAICS Code <b>531390</b>	6. Brief description of the character of business conducted in Rhode Island <b>Real property maintenance and improvements</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>John C Lynch</b>		Vice-President Name <b>same</b>	
Street Address <b>320 Newport Avenue</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>	
Secretary Name <b>same</b>		Treasurer Name <b>samen/a</b>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>n/a</b>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SFRI/FS
		PAR VALUE	
		<b>500</b>	<b>0</b>
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. <b>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.</b>			
Name of Authorized Representative <b>John C. Lynch</b>		Date <b>22 May 2023</b>	
Signature of Authorized Representative <i>John C Lynch</i>		<b>FILED</b>	
		<b>MAY 31 2023</b>	

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