



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020

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

2023 MAY 31 4:10:31

1. Entity ID Number 000001481		2. Exact name of the Corporation Summit Maintenance Company, Inc			
3. Principal Office Address 320 Newport Avenue			City Rumford	State RI	Zip 02916
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real property maintenance and improvements			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John C Lynch			Vice-President Name same		
Street Address 320 Newport Avenue			Street Address		
City East Providence	State RI	Zip 02916	City	State	Zip
Secretary Name same			Treasurer Name samen/a		
Street Address			Street Address		
City	State	Zip	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 n/a			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 <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/SERIES	PAR VALUE
		500			0
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 John C. Lynch				Date 22 May 2023	
Signature of Authorized Representative 					

FILED

MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

10:33 MAY 31 2023  
BY ML OG4MS